Recommendations for the implementation of the European Life Science Strategy

Perspectives from the European life science ecosystem developed at the Copenhagen Life Science Summit 2025

The Capital Region of Denmark
Rigshospitalet Copenhagen University Hospital
European Commission

Contents

Preface

Rigshospitalet and the Capital Region of Denmark hosted the high-level Copenhagen Life Science Summit on October 8th, 2025, bringing together leading voices from across the European life science ecosystem. The summit aimed to gather ideas for implementing the European Life Science Strategy, with the purpose of strengthening the European research and innovation ecosystem in health.

Europe faces shared challenges – a double demographic pressure with ageing populations, chronic disease, and growing demands on healthcare systems, combined with staff shortages. Addressing these challenges requires collaboration across borders and sectors, as well as political will and the courage to embrace new solutions. University hospitals play a crucial role in bridging science and patient care, and partnerships between academia, industry, and public authorities are essential.

Research and innovation are key factors in securing Europe's competitiveness and resilience. Shortening the path from high-quality knowledge to solutions and ensuring that life science drives progress for patients and society is vital. Investing in health research and life science is about advancing science, building resilience, creating opportunities, and securing the future of Europe.

The Copenhagen Life Science Summit marked an important step towards shaping a strong, competitive, and dynamic European life science ecosystem for the benefit of today's patients, future generations, and a strong Europe.

Sincerely,

***Lars Gaardhøj**, Chaiman of the Capital Region of Denmark*

***Rasmus Møgelvang**, CEO, MD, PhD, Rigshospitalet – Copenhagen University Hospital*

– The target should be to get 80% now – rather than 100% never. Just push it.

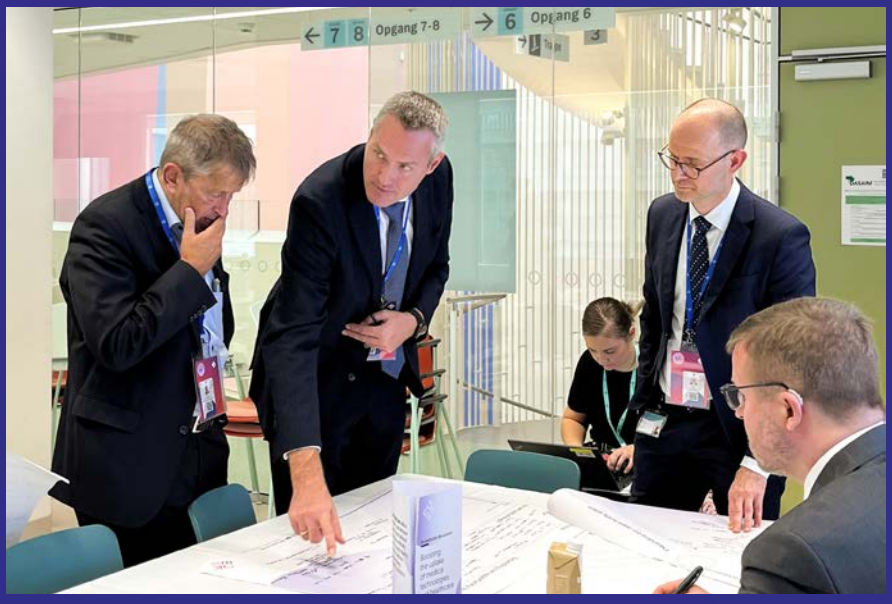
Margrethe Vestager, Chair of the Board of Governors at the Technical University of Denmark

– Enabling a collaborate ecosystem of research, academic institutions, healthcare providers, and industry is essential to accelerating innovation for patients.

Bernd Ohnesorge, PhD, President of Europe, Middle East and Africa (EMEA) at Siemens Healthineers

– We really have a moment to choose. Do we want a Life Science industry in Europe?

Nathalie Moll, Director General of the European Federation of Pharmaceutical Industries and Associations (EFPIA)



Acknowledgement

We extend our sincere gratitude to all participants who contributed with their insights and ideas during the Copenhagen Life Science Summit at Rigshospitalet. Your engagement was invaluable in shaping the recommendations presented in this report. It has not been possible to convey all the great perspectives and bold ideas that were shared at the conference. We hope, however, that the conversations about the future of our European life science system that started at the Summit will continue and expand throughout the ecosystem.

A special thanks goes to the rapporteurs, national co-chairs, and international chairs for their dedicated efforts in framing the themes for the discussions and supporting the process. We also thank the European Commission for its ambitious vision for life sciences and the Danish Ministry for Higher Education and Science for enabling the summit to be part of the official Danish EU Presidency programme.

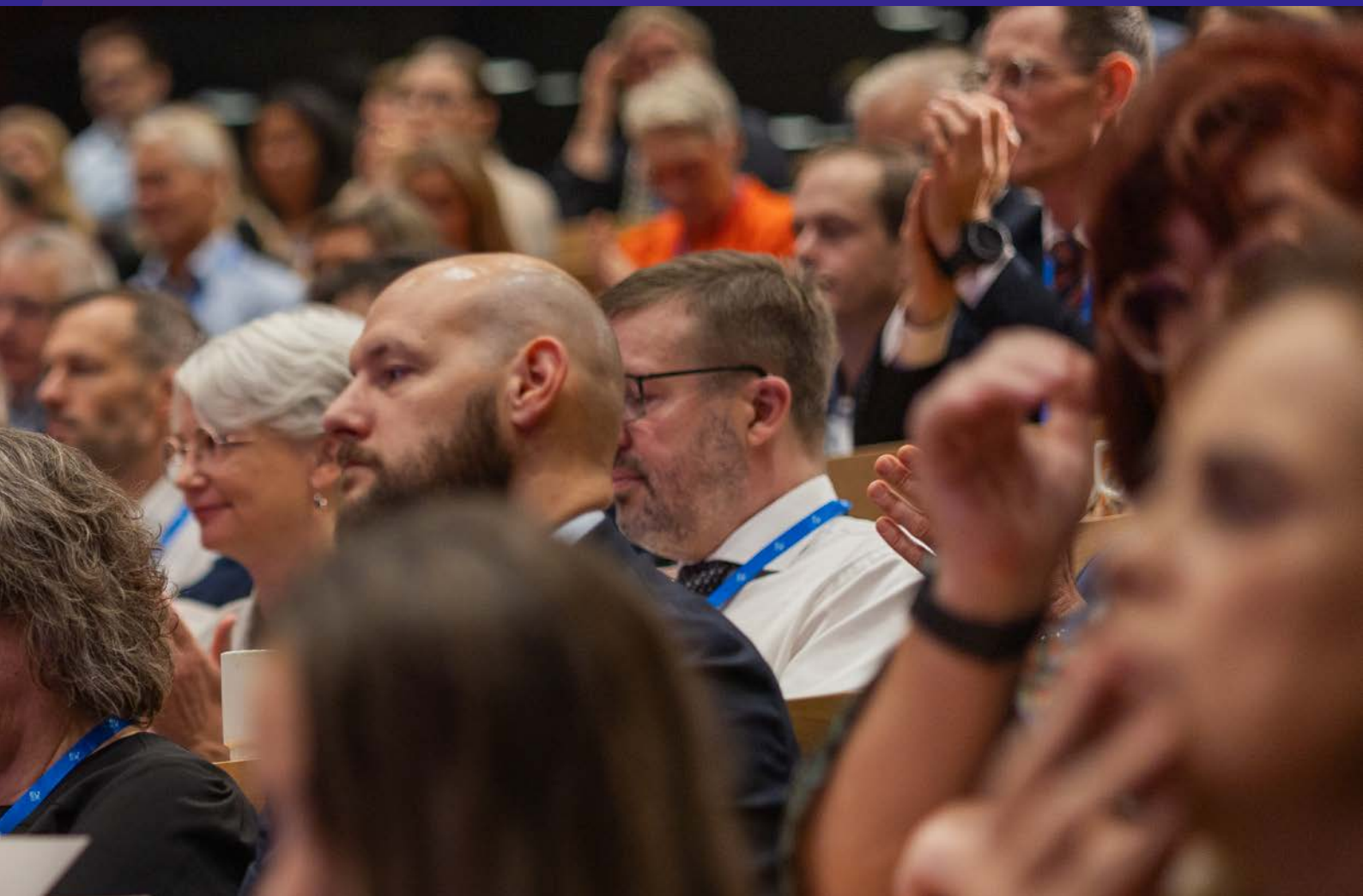
Finally, we would like to acknowledge our in-house project team, organisers and partners whose commitment and collaboration made this summit possible.

Introduction

Europe's life science sector stands at a pivotal moment. With world-class research institutions, a highly skilled workforce, and strong pharmaceutical and biotechnology industries, Europe has the foundation to take a global lead in health and life sciences. The European Life Science Strategy sets an ambitious vision: to position the EU as the most attractive and competitive life science region worldwide.

Achieving this vision requires more than incremental improvements. It calls for structural change, coordinated leadership, and mission-driven collaboration across Member States. Europe must accelerate the translation of research into innovation, fully leverage advanced technologies such as artificial intelligence and quantum computing, and create a regulatory environment that is conducive to innovation while reducing unnecessary administrative burdens. At the same time, Europe must strengthen skills, attract and retain talent, and ensure that investments in health are treated as a strategic priority.

These priorities were at the heart of the Copenhagen Life Science Summit, held as part of the Danish EU Presidency programme and supported by the European Commission. The summit brought together 300 high-level stakeholders from 32 countries, representing hospitals, academia, patients, industry, public authorities, and policymakers. Through four panel discussions and 35 roundtable sessions, participants co-created recommendations to address some of the most pressing challenges facing European health and life sciences. This report highlights some of the discussions, insights and recommendations from the summit aimed at realising the intention of the European Life Science Strategy.



Barriers to Europe's leadership in life sciences

Despite Europe's strong foundation, systemic challenges continue to hinder progress and limit the ability to translate scientific excellence into real-world impact. These barriers must be addressed to unlock Europe's full potential in life sciences and health innovation:

- Fragmentation and weak coordination across Member States, sectors, and funding systems slow down decision-making and limit cross-border collaboration.
- Slow translation from research to market, with promising solutions often stuck in pilots due to rigid structures, unclear regulatory processes, and a lack of shared best practices.
- Insufficient funding and scale-up capital, uneven access to infrastructure, and poorly aligned EU and national funding instruments.
- Complex and fragmented regulation, legal uncertainty, and slow adoption of innovation-friendly frameworks hinder experimentation and deployment.
- Data silos and low interoperability, variable quality, and limited trust in data use restrict digital progress and secondary use.
- Declining clinical research capacity, underinvestment in advanced trial models, and few incentives for collaboration across Member States.
- Misaligned procurement and partnership models, burdened by complexity, risk aversion, and lack of innovation-driven approaches.
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Regulatory complexity is a significant and cross-cutting barrier to innovation in life sciences. While regulation plays a crucial role in safeguarding patient safety and ensuring trust, its increasing complexity creates administrative and economic burdens that slow down innovation. In this report, regulatory issues are addressed across several recommendations rather than in a standalone section, reflecting their cross-cutting nature and relevance to collaboration, technology adoption, and mission-driven innovation.

Complex barriers require novel systemic solutions

The complexity and the interdependency between the challenges make up a systemic challenge that cannot be tackled by single initiatives. It is a challenge that must be embedded into all current and future processes focused on strengthening the European competitiveness. Yet, we do here, provide actionable pathways to strengthen Europe's ability to translate scientific excellence into tangible health outcomes, improve resilience, and secure global competitiveness. Building on the principle that the focus, agility, speed, collaboration, and mission-driven approach demonstrated during the Covid-19 pandemic must become permanent features of Europe's life science ecosystem, these proposals aim to inspire stakeholders across Europe to act decisively and collectively.

The six recommendations:

1. **Establish a European Life Science Council**

2. **Establish a Network of Excellent European Innovation Districts**

3. **Apply a Mission-driven approach for the implementation of the EU Life Science Strategy**

4. **Create a Pan-European framework for clinical trials platforms and cross-border clinical research networks.**

5. **Launch an EU-wide use of Europe's Health Data for Science, Innovation and Society**

6. **Strengthen the use of public-private partnerships to accelerate health innovation**

Recommendations

Establish a European Life Science Council

This recommendation proposes creating a high-level European Life Science Council in line with the European Commission's initiative to strengthen internal coordination across its Directorates-General. The council will ensure strategic alignment across the broader life science ecosystem and serve as a central platform for setting priorities, coordinating investments, and enabling Europe to speak with one voice on life science innovation. The council would be pivotal in securing continuity across the different initiatives that must be launched to take on the intertwined systemic challenge that impairs the development of the European life science sector*.

- A new European Life Science Council should act as an independent guiding body capable of setting strategy, making priorities, redirecting focus, pointing to problematic regulatory practices, and advising on funding adjustments with a mandate beyond research priority setting.
- The Council should ensure a broad strategic perspective and have access to the President of the European Commission, the Commissioner of Research and Innovation, and other relevant Commissioners.
- The Council should bring together Member States, relevant Commission DGs, industry, research institutions, healthcare organisations, regulators, the ERA researchers in life science and medicine, patient organisations, and civil society.
- The Council should have a clear mandate to set priorities, guide the scope of funding instruments and composition of calls for strategic and translational research, scale-up and deployment actions.
- The composition of the Council should include representatives from the life science ecosystem (healthcare industry, academia, university hospitals, patient organisations, and civil society). The chair of the Life Science Council should be a leading figure who can drive progress, foster trust, and provide momentum for the implementation of life science innovation. The chair and co-chair could be a rotating role, shifting between groups of stakeholders.
- The Council should advise the Commission's internal Coordination Group, offering external perspectives, accountability, and momentum, ensuring dialogue with all relevant stakeholders and complementary initiatives while maximising synergies and avoiding fragmentation. The Commission should provide an administrative secretariat to support the work of the Life Science Council.
- The Council should operate with defined objectives, timelines, and recommendations, and report regularly to the Commission and the Council of the EU.
- The Council should prioritise, co-create, and guide on the mission strategy and suggest a limited number of high-impact challenges in health and life sciences. The Life Science Council is pivotal for the shift from isolated projects to a mission-oriented approach.

* The Danish National Life Science Council can serve as inspiration. The council is a public–private advisory body that strengthens cooperation between government, the health sector, and industry to improve Denmark's framework conditions for life science, support innovation, and advance the national life science strategy. It provides strategic advice, monitors progress, and promotes growth, investment, and better health outcomes.

Recommendation 2

Establish a Network of Excellent European Innovation Districts

This recommendation proposes building a network of excellent European Innovation Districts to connect leading research and innovation ecosystems across national borders. The network will enable collaboration, resource sharing, and specialisation among European innovation districts, creating a stronger and more integrated innovation landscape. It will also build technology and innovation leadership on a global scale by increasing capacity, accessibility, and coordination of innovative solution infrastructures.

- Each district must be equipped with critical infrastructure and services necessary to advance from lab to patient, ensuring support of knowledge transfer and clinical trials facilities (i.e. within proximity to relevant companies, research institutes, production facilities, and possibilities for testing in real world settings).
- The districts should be embedded in the full value chain and supported at regional, national, and European level.
- Thematic specialisation should be assigned to specific districts based on key EU missions and challenges, enabling each district to develop distinct expertise and become a centre of excellence. At the same time, cross-district collaboration should be fostered where it adds value, recognising that multiple centres across the EU may share similar focus areas to strengthen overall capacity and impact.
- Each district should include multiple stakeholders beyond the research community and/or established academic centres, including Member State ministries, regional representatives, funders, regulators, as well as healthcare payers, industry actors, patient organisations, and policymakers.
- The district should have integrated regulatory sandboxes, translational zones and testbeds to enable safe experimentation, fast-track approvals, and real-world validation of innovations. These environments should support an agile approach to developing evidence-based regulation, using trial-and-error methods and iterative learning to critically assess impact and accelerate innovation.
- Cross-District collaboration mechanisms should be adapted to strengthen collaboration through structured knowledge exchange at a pre-competitive level, inspired by initiatives such as the Innovative Medicines Initiative.
- Europe must move beyond networking by introducing standardised tools and templates for deal flow evaluation, due diligence, health economics, and needs assessment.

Apply a mission-driven approach for the implementation of the EU life science strategy

This recommendation proposes embedding a mission-oriented approach into the realisation of the EU life science strategy. By organising efforts around clear and ambitious goals, such as tackling antimicrobial resistance or dementia, Europe can accelerate systemic change and deliver measurable impact for health and society.

- Challenges should be clarified and structured within distinct mission areas tailored to their type and ecosystem maturity, with targeted support for scaling up proven solutions and capacity-building both in areas with important new scientific results emerging and with grand societal challenges.
- Focus should be on a limited number of high-impact health challenges that would benefit from cross-border European cooperation e.g., antimicrobial resistance, prevention, dementia, home-based care, and the elimination of low value care.
- Missions should be co-created with civil society and stakeholders - including private investors. Demonstration pilots and ambitious innovation programs should be launched, e.g., through the instruments of the European Innovation Council (including the EIC Challenges) and the forthcoming European Competitiveness Fund. They should be supported with robust and prioritised evaluation and coordination.
- Adaptive and inclusive governance should complement existing structures with flexible models that involve stakeholders from all scientific disciplines, including social sciences and humanities, using participatory methods, and fostering co-creation and shared ownership.
- Funding must be coordinated across the innovation pipeline for the selected missions and move beyond EU-level alignment. Coordination with national and regional investments and private foundations should be addressed.
- Partnerships should be co-funded, and Member States incentivised to adopt a European-first perspective in mission design. These partnerships should have market mechanisms for scaling and procurement of pilots into the mission portfolio embedded.
- Portfolio-based innovation management, shifting from isolated projects to mission portfolios, should be adopted, including the acceptance that strategic selection and scaling of excellent high-impact projects and initiatives require deviations from traditional and purely ranking-based selection of projects.
- Current evaluation practice should be complemented with real-time, adaptable continuous learning models and evaluation structures that evolve over time, including real-time feedback loops, shared best practices, and evidence-based adjustments. A broader view of performance indicators, i.e., whether the projects are actually labour-saving, should also be applied.

Recommendation 4

Create a Pan-European framework for clinical trials platforms and cross-border clinical research networks

This recommendation proposes establishing a unified framework for adaptive, multi-country clinical trials and research networks, which will make it easier to test innovative treatments, phase out low-value interventions, and bring new and proven solutions to patients faster and more efficiently.

- The networks should be comprised of designated European Innovation Hospitals (EIHs), nominated by EU Member States, and anchored within the European innovation district ecosystems. Criteria for the clinical research networks should be defined by the European Commission DG Research and Innovation, and DG SANTÉ, based on recommendations from the European Life Science Council.
- A pan-European framework for platforms for multi-country, adaptive clinical trials should be mission-driven in terms of research area and embedded in clinical practice, i.e., common and ready testing facilities of health care solutions.
- Methodological development, education and training of researchers, clinicians, and administrators should be ensured, i.e., within digitalisation, the use of AI and more automated screening and data capture.
- Regulatory frameworks should be harmonised by streamlining and aligning EU frameworks (CTR, MDR, IVDR, EHDS) to accelerate trial approvals and market access.
- Legal clarity should be provided, and infrastructure supporting the expansion of decentralised clinical trials and platform trials across Member States, including medical equipment, should be developed.
- The use of decentralised trial elements (e.g., remote monitoring and e-consent) should be promoted, and clinical trials should be embedded into clinical practice based on proportionality (higher vs. lower-risk interventions).
- Data governance and real-world data should be improved by streamlining and aligning EU frameworks for digitalisation and embedding clinical trials into electronic health records.
- It should be promoted that the European Health Data Space supports the timely assessment of the implementation and de-implementation of treatments, and of clinical practice variation across Europe.

Launch an EU-wide use of Europe's Health Data for Science, Innovation and Society

This recommendation supports the intentions of the European Health Data Space, focusing on unlocking the full potential of health data across Europe. It is paramount to enrich the public perception of data with the notion of data being the resource on which we must build our future advances within health and life sciences. By enabling secure, ethical, and large-scale data use, Europe can drive research, innovation, and better healthcare outcomes, while safeguarding trust and privacy.

- Existing research infrastructures and data sources already operated, trusted, and with ethical and secure data-access mechanisms should be used, and the initiative should strengthen, scale-up, and expand these capacities, supporting their role as engines of harmonisation and implementation across data domains.

- Development should be boosted in order to reap maximum benefits of EHDS by scaling up EHDS implementation support infrastructures and existing data spaces to develop data interoperability and consensus on fitness for leading edge scientific purposes at the sources. Source organisations within healthcare and health research to generate such high-quality data sets into the EHDS catalogue should be supported.

- For health research not relying on the EHDS framework with automatic opt-in a universal, user-friendly consent framework for primary data collection for research should be introduced. Promote user-friendly, digital, and mobile consent tools for primary data collection for research, building on proven approaches in biobanking and other sectors, and align it with the EHDS rules for secondary data use.

- Shared pan-European principles ensuring GDPR-compliant consent practices should be developed. Public trust must be secured via campaigns, ethical boards, stakeholder engagement, standardised anonymisation, federated data architectures, all building on established solutions.

- Incentives for high-quality data generation and sharing should be created. By introducing fair and transparent mechanisms (financial, academic, broader recognition) that reward data producers for generating and sharing high-quality, interoperable data.

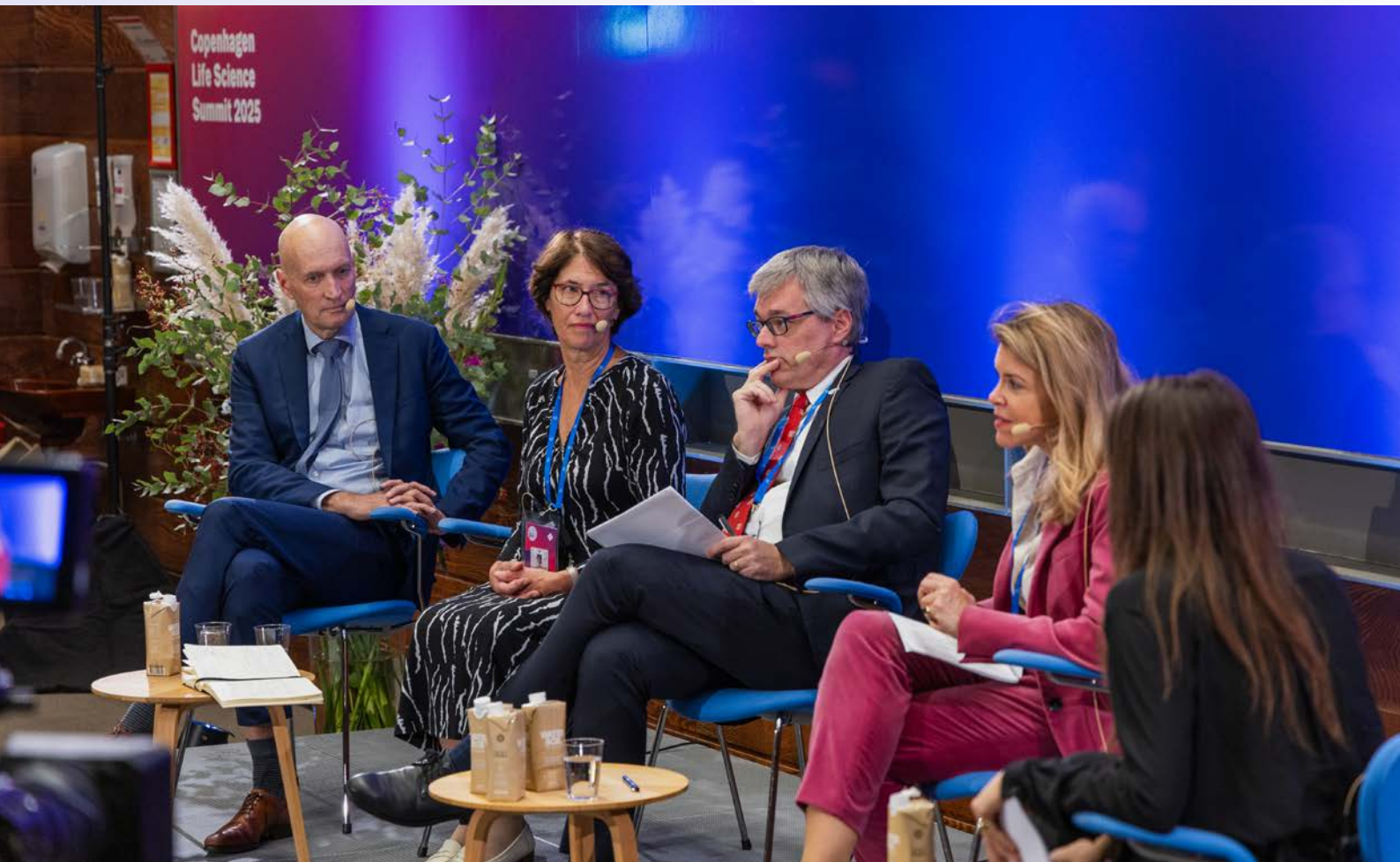
- Investment in advanced computing and data infrastructure should support targeted studies to assess the viability and scientific robustness of broadly applicable digital health twins, including their potential to support diagnosis, treatments, research, innovation, and to inform policy development. The European Open Science Cloud (EOSC) Federation use cases in the area of sensitive health data is an example of such efforts.

Recommendation 6

Strengthen the use of public-private partnerships to excel health innovation

This recommendation supports the creation of long-term, purpose-driven public-private partnerships (PPPs) within a strategic EU framework. A collective, qualitative shift in the relationship between the public and the private sector in Europe is needed. The different actors of the life science ecosystem must become co-creators and engage together in developing new markets and the right regulatory frameworks needed to unlock Europe's competitive potential. We must move away from looking upon each other as only adversaries and competitors but see each other as collaborators. Frameworks and processes should be shifted from cultivating the distribution of existing resources to facilitating the creation of new ones. Thus, the use of stronger and more fit for purpose PPPs should be developed both as an overall boost of the use of mission-driven innovation, but it is also a matter that should be treated in and of itself.

- PPPs should be anchored within long-term strategic agendas and institutional leadership. Thus, they should not just be used for arranging project-level initiatives but to foster cultural and organisational transformation and function as vehicles for working towards trust-based cross-sectoral collaboration with shared ownership, transparency, and mutual learning. This aligns with the Council Conclusions on Life Sciences for the Union's Competitiveness, which call for enhanced coordination, inclusive governance, and better mobilisation of public and private funding across the entire innovation cycle.



- PPPs should be a framework embedded in the governance of the Life Science Strategy and under the remit of the new Life Science Council, and actively supported by the European Commission with clear guidelines, incentives, and convening power. As mentioned, the European Life Science Council should be used to coordinate missions, funding, and regulatory simplification in line with Council Conclusions. PPPs should act as a tool to realise that ambition.

- Funding should target early involvement and participatory processes, as well as leadership, to accelerate time from research to innovation and implementation. The EU Commission should invest in engaging and supporting PPPs all the way from the co-creation of missions on high-impact challenges to delivering implemented solutions. Besides funding, this also includes facilitating dialogue through workshops, roundtables, and other means of approaching the challenges holistically.

- PPPs should be designed and implemented beyond traditional transactional models of the private market being the innovator and developer, and the public sector being the adapter and procurer. PPPs have the potential to take on and qualify complex matters such as procurement and regulation, and should, thus, be designed in a way that opens up to initiatives such as;

    - "First customer mechanisms", which should be introduced with supporting schemes allowing public institutions to act as first customers for innovations developed within their own systems, enabling early validation.

    - Outcome-based models with links to procurement for measurable health outcomes and reinvestment of savings from de-implementation into innovation. Support pilots and adjust reimbursement frameworks, accordingly, including EU-level guidelines and incentives for value-based, outcome-oriented procurement, embedding innovation planning from the outset.

    - Boosting the use of innovation partnerships for procurement purposes. By utilising the update of the Directive for Public Procurement, the use of the Innovation Partnership procedure could be encouraged. This would ease the process to partner up on developing products and services already on the market, but which do not meet the requirements and challenges of tomorrow.

    - Applying advanced digital technologies, including AI and machine learning, within public-private partnerships could support regulatory harmonisation and simplification. These tools can accelerate interpretation, automate compliance checks, and enable evidence-based adjustments, creating a more agile and efficient regulatory environment.

    - Tackling regulatory challenges by co-developing agile, evidence-based regulatory frameworks.

The road to the recommendations

The recommendations are the product of a lengthy process that culminated at the Copenhagen Life Science Summit on October 8, 2025, held at Rigshospitalet in Copenhagen.

The aim of the conference was to gather the European Life Science ecosystem for the purpose of developing recommendations for the implementation of the European Life Science Strategy. The process of formulating the recommendations is briefly described here:

1. **Framing the challenges:** Five leading Danish researchers acted as rapporteurs, each outlining the key challenges facing Europe's life science sector and suggesting possible solutions under the thematic headings below. Each challenge was assessed jointly by a Danish national co-chair and a European chair. (See the list on page 20).

    - Strengthening applied clinical and translational research through transnational collaboration.
    - Stimulating innovation in the European Life Sciences.
    - Boosting the uptake of medical technologies and healthcare solutions.
    - Advancing personalised medicine and prevention through the power of data and AI for breakthrough innovation.
    - Addressing regulatory challenges in Europe for smooth and rapid market access.

2. **Preparing the participants:** These five thematic challenges were circulated among the participants of the conference beforehand, with the message to prepare for a participatory conference setup.

4. **Gathering insights from 35 roundtable discussions:** Within each thematic challenge, groups were formed with 8-10 people. This resulted in 35 roundtables that each discussed one of the five thematic challenges. The discussions at each table were recorded by a present note taker, and all data, both the written notes and the conclusions that the groups noted on posters and postcards, were gathered for analysis*.

5. **Mapping the proposed solutions against the European Life Science Strategy:** The perspectives and possible solutions that the groups came up with were then cross-referenced with the European Life Science Strategy and other overlapping initiatives. In this process, new themes and relationships between solutions emerged, and the structure shifted from the original five thematic challenges to these six recommendations.

3. **Engaging 300 different perspectives:** The 300 high-level actors from the European Life Science ecosystem, who attended the conference, joined in a co-creation process where they visualised their collective ambition for the future of Europe, explored the European opportunity space, and co-created concrete solutions within one of the thematic challenges. This was done through a design-driven process where tactile and visual elements, such as posters and postcards, eased the collective sensemaking and development process along.

6. **Reframing solutions into recommendations:** The analysis process resulted in six overarching recommendations with a subset of perspectives that the joint European Life Science ecosystem has pointed to as preeminent for unleashing the potential of the European Life Science Strategy.

* The analysis was a deductive analysis across all 35 roundtables. This first round of deduction was, then, refocused by applying a search for solutions within the scope of the solutions presented in the framings of the thematic challenges and then, lastly, mapped against the subject areas within the European Life Science Strategy. AI was used for parts of this process (Copilot). The recommendations that followed from this analysis were, then, assessed and reformulated by both internal and external experts, who attended the conference, and, thus, part of the ecosystem that first developed them.

The people involved in framing the five thematic challenges

1: Strengthening applied clinical and translational research through transnational collaboration.

- Chair **Cristina Messa**, Professor at the University of Milano Bicocca, Scientific Director of the IRCCS Don Carlo Gnocchi Foundation, and Former Minister of University and Research, Italy
- Co-chair **Malene Fischer**, Research Director, Rigshospitalet – Copenhagen University Hospital
- Rapporteur **Gunhild Waldemar**, Chief Physician, Neurology Clinic, Rigshospitalet – Copenhagen University Hospital

2: Stimulating innovation in the European Life Sciences.

- Chair, Prof. **Francesco Giorgino**, The European Association for the Study of Diabetes e.V. (EASD)
- Co-chair **David Dreyer Lassen**, Rector, University of Copenhagen.
- Rapporteur **Ismail Gögenur**, Clinical professor, Zealand University Hospital

3: Boosting the uptake of medical technologies and healthcare solutions.

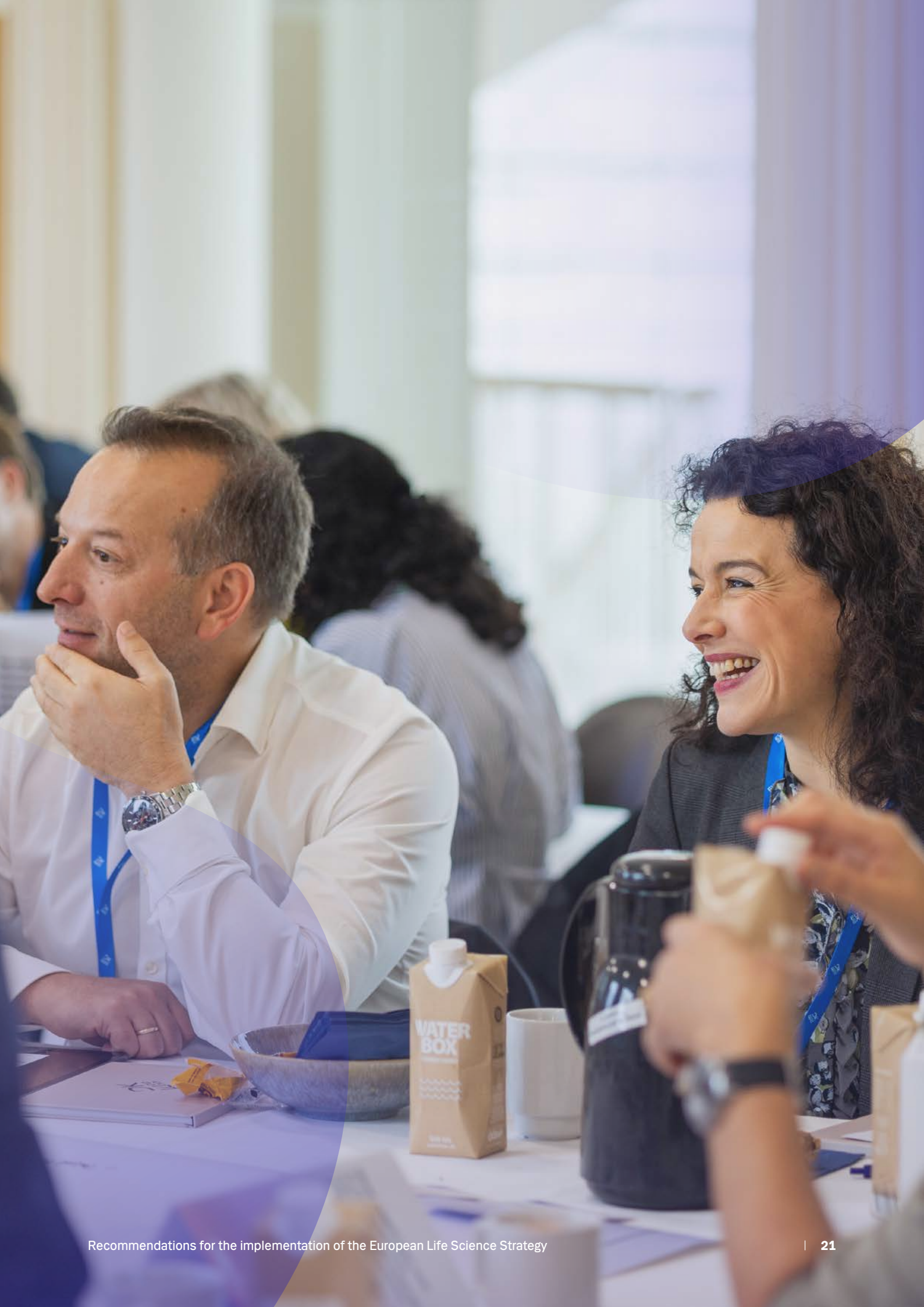
- Chair **Heyo Kroemer** CEO, Charité
- Co-chair **Thomas Balle Kristensen**, CEO, Aarhus University Hospital
- Rapporteur **Anders Perner**, Chief Physician, Department of Intensive Care, Rigshospitalet – Copenhagen University Hospital

4: Advancing personalised medicine and prevention through the power of data and AI for breakthrough innovation.

- Chair **Jens Habermann**, CEO, BBMRI-ERIC.
- Co-chair **Bettina Lundgren,** Bettina Lundgren, Centre Director, Danish National Genome Centre.
- Rapporteur **Birgitte Diness**, Chief Physician, Diagnostic Centre, Rigshospitalet – Copenhagen University Hospital and **Ulrik Lassen**, Professor and Chief Consultant in Oncology, Rigshospitalet – Copenhagen University Hospital

5: Addressing regulatory challenges in Europe for smooth and rapid market access.

- Chair **Efstratia Vatzaki**, Senior Scientific Officer at the European Medicines Agency.
- Co-chair **Ida Sofie Jensen**, Former CEO, Lif, The Danish Association of the Pharmaceutical Industry.
- Rapporteur **Jeroen Bergmann**, Head of Department, Department of Technology and Innovation, University of Southern Denmark.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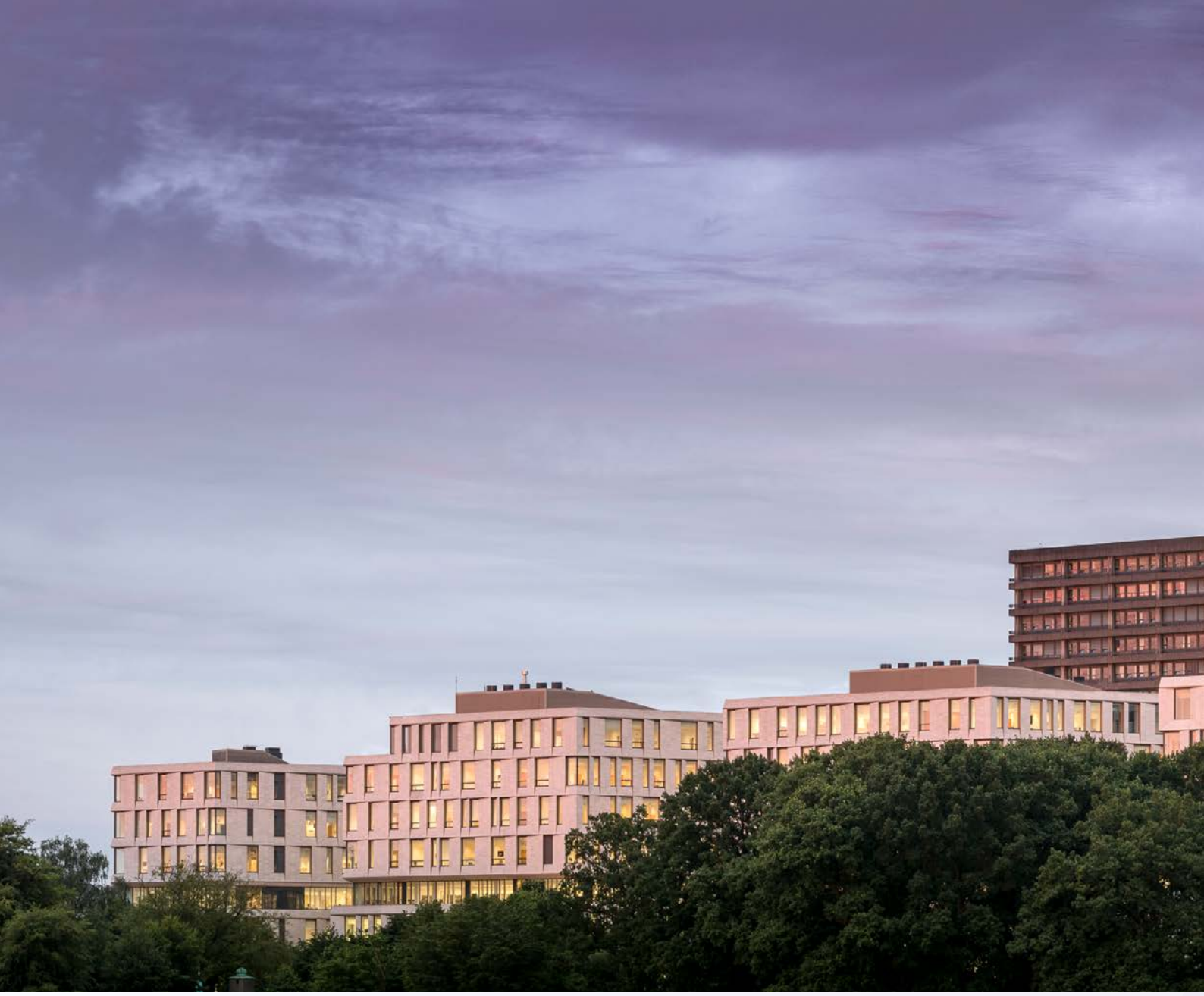
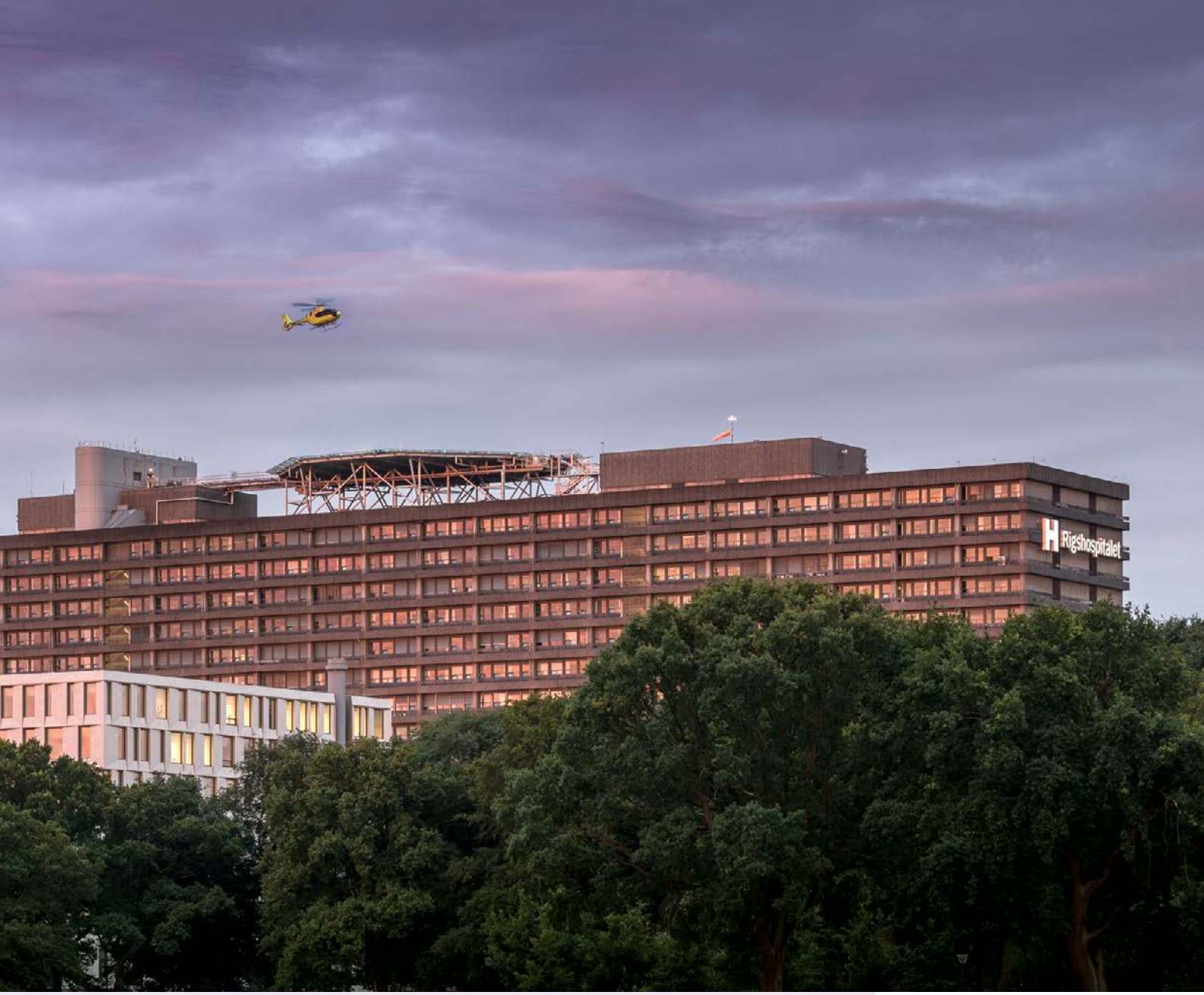


The Capital Region of Denmark and Rigshospitalet

Founded in 1757, Rigshospitalet – Copenhagen University Hospital is Denmark's highly specialised hospital with 13,000 employees. It combines world-class treatment with cutting-edge research and innovation. It's a leading centre for health research and education, publishing more than 3,500 peer-reviewed papers annually.

As a national and international reference hospital, Rigshospitalet provides highly specialised care for rare and complex conditions and accelerates the development of new healthcare solutions to benefit patients and the healthcare system.



Rigshospitalet is part of the Capital Region of Denmark, which operates 10 hospitals and fosters strong partnerships between hospitals, universities, and industry to create future-proof healthcare services. Through strategic investments in personalised medicine, life science, and digital health, the region positions Denmark as a global leader in health innovation.

In 2027, the Capital Region will merge with Region Zealand to form Region Eastern Denmark, becoming Denmark's largest healthcare region, serving nearly half of the country's population.

Working together to ensure that Europe builds the most forward-looking, prepared, and resilient healthcare systems through strong partnerships across sectors and borders, Rigshospitalet and the Capital Region of Denmark are committed to driving innovation and collaboration that benefits patients and strengthens healthcare for future generations.

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