The Lesson from Jasionka: What Europe's Civil Protection Reform Still Leaves Unsaid

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The Union Civil Protection Mechanism was created as a tool for fast, targeted assistance between neighbours in response to events that exceed a single state's capacity to respond – from fires, floods and earthquakes to industrial accidents, chemical contamination or man-made disasters. The last two decades, and especially the events of recent years – the COVID-19 pandemic and the war in Ukraine – have tested it in ways its architects never anticipated: not as a single, closed-ended event, but as a prolonged, multidimensional crisis with no clear end point. Because of its location, Poland has, over this period, built up unique operational experience – experience that should shape the reform now being prepared in Brussels. Whether Europe takes it into account may determine how it responds to the next crisis – be it one on the Baltic flank.

A quarter century of experience

Formally, the UCPM has existed since 2001, established by a Council decision as a mechanism for mutual assistance between states when a disaster-affected country's response capacity is overwhelmed. Its current legal framework is set out in Decision No 1313/2013 of the European Parliament and of the Council[i], based on Article 196 of the Treaty on the Functioning of the European Union (TFEU)[ii] (and, in its health-related part – following integration with EU4Health – also on Article 168 TFEU)[iii]. Both of these provisions give the Union only supporting and coordinating competences, not ones that replace Member States' responsibility for civil protection on their own territory. The Mechanism is managed by the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), with the round-the-clock Emergency Response Coordination Centre (ERCC) in Brussels serving as its operational nerve centre. The Mechanism currently comprises 27 EU Member States plus six non-EU participating states – Iceland, Norway, Serbia, North Macedonia, Montenegro and Turkey – making the UCPM one of the few areas of EU policy in which third countries operate on the basis of full, operational membership rather than mere partnership.

Operationally, the Mechanism works on a request-and-voluntary-mobilisation model: the state affected by a disaster submits a request for assistance to the ERCC, which coordinates the offers of support – equipment, rescue teams, experts – coming in from other participating states, and organises their transport and deployment on site. An operation organised in this way is, by design, transitional in nature: it lasts as long as the immediate response phase lasts, after which it is formally closed. Since its launch in 2001, the Mechanism has been activated close to 900 times, with a marked rise in the number of activations in recent years[iv].

This model of voluntary contributions is complemented by rescEU – a strategic reserve created in 2019 through an amendment to Decision 1313/2013 (Decision 2019/420). Its creation was a direct response to the experience of the 2017 wildfire season in southern Europe, when the voluntary system of mutual assistance between states proved insufficient given the scale and simultaneity of the fires in Portugal and Greece[v]. Unlike the classic UCPM mode, rescEU does not rely on ad hoc offers from states, but on assets purchased, leased or maintained with EU funds – financed at up to 100% – and formally belonging to a common reserve, which the Commission activates only once national capacities and voluntarily offered resources have been exhausted or prove insufficient.

The catalogue of hazards covered by rescEU has grown with each successive crisis. Today the planned reserve includes: a permanent aerial firefighting fleet (ultimately 12 aircraft based in Portugal, Spain, France, Italy, Croatia and Greece, plus 5 helicopters stationed in Romania, Slovakia and the Czech Republic); strategic stockpiles of medical supplies and personal protective equipment, whose importance was revealed by the COVID-19 pandemic; a reserve for chemical, biological,

radiological and nuclear (CBRN) threats; an energy reserve intended to provide emergency power in crisis situations; a new transport-and-logistics reserve, including aircraft for consular evacuations and repatriations; as well as an aerial medical evacuation capability (MedEvac) for critically ill patients and the currently developing rescEU EMT – the first pan-European field hospital, financed through a consortium of seven Member States and one participating state[vi], ultimately intended to become the largest facility of its kind in the world.

The COVID-19 pandemic exposed the weakness of the model as it then operated when confronted with a crisis that had no single point of origin and no single, easily identifiable recipient of aid – it hit all Member States simultaneously and at the same moment exhausted their national capacities. The first weeks of 2020 illustrated this most starkly: when Italy, as the first EU country hit by the pandemic on a large scale, requested assistance under the UCPM, no other Member State responded to the call – all were grappling with their own shortages of personal protective equipment and, instead of sharing resources, imposed national export restrictions. The Commission reacted on an ad hoc basis, launching the first rescEU reserve of personal protective and medical equipment in spring 2020 – in a purely reactive mode, built to meet an immediate need rather than as part of previously planned health preparedness. In response to this experience, a separate EU4Health programme (2021–2027) was created in the following years, funding preparedness for cross-border health threats alongside, rather than within, the UCPM.

The war in Ukraine, triggered by Russia's full-scale invasion in February 2022, took this same logic a step further. It is the largest operation in the UCPM's history: assistance was offered by all 27 Member States and by the countries participating in the Mechanism, and the Union activated practically the entire available catalogue of rescEU instruments at once – energy stockpiles (generators, transformers, power generating sets, crucial in the face of Russian attacks on Ukraine's energy infrastructure), shelter and medical stockpiles, and the CBRN reserve. A UCPM-coordinated system for the medical evacuation of the wounded and sick from Ukraine to hospitals across the EU was also launched, which over time became the second-largest operation of its kind in the world (after medical evacuations from the Gaza Strip). The key difference compared with previous activations of the Mechanism concerns not so much scale as the very nature of the phenomenon: this is not a disaster in the classic, point-in-time sense, but a process that has now been running for more than four years, with no defined end horizon, conducted amid an active armed conflict on the Union's borders – and therefore encompassing a civil-military dimension that the UCPM's original architecture did not envisage at all. Both crises, the pandemic and the war, showed the same thing: the Mechanism learned on the job, because it had not been designed for challenges that were both long-lasting and cross-border at the same time.

Poland's experience: the Medevac Hub in Jasionka

Operating since September 2022, the Medevac Hub in Jasionka is a collection, triage, stabilisation and onward-transport point for the wounded and sick travelling from Ukraine to hospitals across the EU. The centre was set up on the initiative of the Polish and Ukrainian health ministries, and is run and managed by the Polish Center for International Aid Foundation (PCPM), together with its affiliated Medical Emergency Response Team, with funding from DG ECHO. Operationally, the hub functions within a multilateral cooperation structure: the Ukrainian and receiving health ministries, the WHO supporting evacuations within Ukraine, and the UCPM and ERCC acting as coordinator.

This multilateral character, however, comes at a cost: responsibility for the patient is fragmented across several unconnected regimes of competence. The UCPM is responsible solely for transporting the patient from the Ukrainian border – in practice, from Jasionka in Poland – to the destination country. Hospital treatment then falls under the authority of the receiving state's Ministry of Health (MOH). After discharge, the patient passes into the responsibility of that state's Ministry of the

Interior (MOI), and if they return to Ukraine, this again takes place via DG ECHO – but this time through its humanitarian pillar, not the UCPM. A single patient, over the course of a single treatment pathway, thus passes through four separate regimes of institutional responsibility, with no single, coherent coordinating mandate linking them.

One of the system's practical challenges, however, is not transport logistics but the lack of a sufficient number of places on the receiving side. Patients from Ukraine must be formally accepted by an EU Member State before leaving the country – not every request results in acceptance. Because the availability of hospital treatment falls under the national health ministries (MOH) of the receiving states – with DG SANTE only coordinating the Union's broader system of health cooperation (including with Ukraine, under EU4Health), rather than DG ECHO or the UCPM – the scope for directly influencing the acceptance rate is limited. It is this rate, rather than the hub's own capacity, that determines the real throughput of the entire system.

What sets Jasionka apart from a typical UCPM intervention, however, is not its scale or even its institutional complexity, but its permanence. A classic Mechanism deployment is a rescue team sent into the field with a clearly defined moment at which the mission closes. The Medevac Hub in Jasionka has been operating continuously for four years, and the number of patients handled keeps growing with each successive reporting period (several thousand people) – which in itself points to the nature of the operation, built around a standing capability rather than a temporary mobilisation. This is precisely what the UCPM's original architecture failed to anticipate: the costs of maintaining round-the-clock readiness, medical staff available without interruption, and logistics stretched out over time rather than concentrated around a single event.

Jasionka's significance, however, extends beyond the humanitarian dimension. This model should not be treated as an exception but as a precedent – a capability that can be replicated elsewhere in Europe. The Union itself appears to recognise this: the UCPM, NATO and other stakeholders[vii] are already working on contingency plans for the mass evacuation of civilians in the event of an armed conflict affecting the Member States of north-eastern Europe. These plans, however, remain mutually disconnected, and the evacuation of civilians over long distances requires transit points and coordination of onward transport – capabilities the UCPM today possesses only to a limited extent. A similar gap concerns medical evacuations: in a scenario of armed conflict in Eastern Europe requiring the mass evacuation of civilians or hospitals, with hundreds of patients a day, any delay in their admission would not only block the entire system but would put patients at risk. Such a scenario would require moving patients from a safe area in Central Europe to secondary centres in other Member States, from where they would be taken over by a single state or group of states – in other words, exactly the type of operation Jasionka already carries out today, only on a smaller scale and without a full-scale conflict on EU territory.

The Baltic states – with their relatively limited healthcare backup capacity and geographical proximity to a potential source of a hybrid crisis, border conflict or armed attack – are a natural reference point for such a scenario. Classic, ad hoc UCPM assistance could prove insufficient, and what would be needed in its place is a hub-type capability: permanent, scalable, integrated with the medical evacuation systems of several states at once. Poland, already possessing proven know-how, could in such a setup act as a reference point, and in other scenarios as an operational rear base or the region's main evacuation hub. This experience is worth taking into account already at the stage of designing UCPM capabilities.

What the ongoing UCPM reform changes – and what it still leaves unresolved

The new UCPM regulation, negotiated as part of preparations for the 2028–2034 Multiannual Financial Framework, integrates civil protection with preparedness for and response to health crises, hitherto funded separately, mainly under the EU4Health programme[viii]. This is a political change, not

merely a technical one: civil protection and health preparedness are being merged into a single regulation and a single budget, and the UCPM's new architecture formally moves closer to the logic that Jasionka has, in practice, represented for years.

The Commission's proposal envisages a significant increase in joint funding – from around €3.6 billion for civil protection (itself an almost threefold increase) and €1.7 billion for health preparedness, to a combined total of around €10.7 billion for 2028–2034[ix]. A new Crisis Coordination Hub is also being created within the Commission to support the existing ERCC, and co-financing rules are to be simplified and codified – including explicitly for logistics and medical evacuation hubs, i.e. for structures of the Jasionka type[x].

The direction of these changes should be assessed positively. However, an analysis of the documents accompanying the reform points to three significant reservations.

First, independent opinions accompanying the legislative process – the briefing of the European Parliamentary Research Service (EPRS)[xi] and the opinion of the European Court of Auditors (ECA)[xii] – point to serious methodological gaps in the Commission's impact assessment. The Regulatory Scrutiny Board issued an opinion on it without a positive rating – a rare step in EU legislative practice, signalling a demand for substantial amendments before the process can proceed further. The objections raised include: the absence of a budgetary analysis justifying the threefold increase in funding, the absence of a breakdown of that funding between the civil and health components and between prevention, preparedness and response, and the risk of overlap between the new instrument and other EU funds, including the European Competitiveness Fund. The direction of the reform is thus sound, but its financial architecture remains unresolved.

Second, the relationship between the new Hub and the existing ERCC remains unclear. The Court of Auditors notes that the provisions formally assign them different mandates – the ERCC is to respond to “disasters”, the Hub to “cross-sectoral crises” – even though in practice almost every serious disaster quickly becomes a cross-sectoral crisis[xiii]. This is not merely a technical detail: the lack of a clear division of competences in a situation requiring rapid decisions carries the risk of delay in circumstances where hours matter.

Third, codifying the rules for setting up logistics and medical evacuation hubs is not the same as establishing them as a separate, permanent category of UCPM instrument with its own predictable multiannual funding logic[xiv]. The reform is intended to simplify the ad hoc rules for creating such structures, yet the Medevac Hub in Jasionka formally still operates under the same project logic as ad hoc post-flood assistance, even though it has been running continuously for four years.

The introduction of a new, centralised category of instrument will also encounter real political resistance. The French Senate and the German Bundesrat have already raised objections as part of subsidiarity scrutiny, concerning, among other things, the scope of civil-military cooperation and the risk of the new Hub duplicating existing structures[xv]. Some Member States, particularly in southern and western Europe, stress that primary responsibility for civil protection must remain at national level[xvi]. Any proposal for a new, permanent regional structure – however operationally justified – will have to confront the same question about the limits of EU centralisation that already divides the Council today.

Poland's stake in the UCPM reform

From a Polish perspective, the ongoing reform is not merely a technical matter but also a question of whether Poland can translate its unique operational experience into a real impact on the shape of Europe's civil protection architecture. This question has two dimensions.

The first is operational. The medical evacuation hub in Jasionka is funded under the UCPM, via DG ECHO. The problem, however, lies in the predictability of that funding and in the coherence of managing the whole process, which – as shown above – splits into four separate regimes of responsibility, including the division between the evacuation itself (UCPM) and any subsequent repatriation (DG ECHO's humanitarian pillar). Formal recognition of a regional-hub category[xvii], linked to multiannual, pre-planned funding from the EU budget, would mean moving from a mode of annually negotiated terms within instruments designed for short-term interventions to a mode of stable planning – a real operational improvement for the body running the hub and for the Polish institutions coordinating this process. Thanks to Jasionka, Poland today has four years of practical know-how that no other Member State possesses: in building and maintaining a hub, in cooperating with health ministries, the WHO and the UCPM, and in testing this complex system in practice – including identifying its limitations, bottlenecks and bureaucratic-institutional obstacles within this multilateral architecture. This experience, built up through the NGO running the hub, should be integrated into national and cross-border contingency plans, rather than remaining purely operational knowledge confined to the level of the operating body itself. This experience also gives Warsaw a natural mandate to actively shape the text of the regulation as the author of a concrete legislative proposal: introducing into the regulation a separate category of medical-logistics hub, modelled directly on Jasionka's experience. A proposal framed in this way has an added value: it positions Poland as a state that supplies the Union with proven solutions.

The second pillar of Poland's interest is readiness for a Baltic scenario – readiness built now, from the EU budget, rather than only in reaction to a crisis. The experience of 2022 showed that improvisation under time pressure comes at a high price – legal, organisational and human. Given its geographical location and available expert base, Poland should push for regional medical and civilian evacuation infrastructure for the eastern flank – analogous to Jasionka, but designed for a scenario of armed conflict or a hybrid threat in the Baltic states – to be sited and funded from EU resources already at the stage of building UCPM+ capabilities, rather than only after the fact. In practice, this means: securing sufficiently early and predictable funding for such infrastructure in Poland under the new budgetary perspective, developing contingency plans jointly with the Baltic states and NATO, and preparing transit points and logistical capabilities for a mass evacuation before such a need materialises.

Achieving both of these goals will require political justification that goes beyond a purely operational argument. The Baltic and Nordic states already strongly support a broadened, multisectoral approach to the UCPM[xviii], making them Poland's natural allies in this part of the negotiations – in contrast to France, Germany or some southern European states, which raise subsidiarity concerns about the centralisation of new structures. Building a coalition with countries in the region that share a common security interest may prove the most effective route to formal recognition of the regional-hub category.

The UCPM reform is taking place at a moment when its provisions can still be adapted to the operational experience of recent years, rather than being shaped solely by assumptions adopted at an earlier planning stage. Jasionka is proof that the model of permanent regional hubs works – and that Poland has more to offer in this debate than the role of a beneficiary of EU solidarity. What remains open is whether this experience can be translated into a concrete legal and institutional basis with secured funding before a similar model has to be tested in practice elsewhere – for example, in the Baltic region.

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[i]Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism. Article 1(1) of the Decision sets out the Mechanism's objective as strengthening cooperation between the Union and the Member States and facilitating coordination in the field of civil protection, in order to improve the effectiveness of systems for preventing, preparing for and responding to

natural and man-made disasters. https://eur-lex.europa.eu/legal-content/PL/TXT/PDF/?uri=CELEX:32013D1313

[ii]Article 196 TFEU. Paragraph 1 provides that the Union shall encourage cooperation between Member States in order to improve the effectiveness of systems for preventing and protecting against natural or man-made disasters; Union action is to: support and complement Member States' action at national level regarding disaster prevention, the preparation of civil-protection personnel and response to natural and man-made disasters within the Union; promote swift, effective operational cooperation within the Union between national civil-protection services; and promote consistency in international civil-protection work. TFEU (consolidated version, OJ C 202 of 7.6.2016) https://sip.lex.pl/akty-prawne/dzienniki-UE/traktat-o-funkcjonowaniu-unii-europejskiej-wersja-skonsolidowana-68646181/art-196

[iii]Article 168(5) TFEU. This provision empowers the European Parliament and the Council, acting under the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, to adopt incentive measures designed to protect and improve human health – in particular to combat serious cross-border health threats – and measures concerning monitoring and early warning: https://lexlege.pl/traktat-o-funkcjonowaniu-unii-europejskiej/art-168/

[iv]European Commission data, as at 18 August 2026: https://civil-protection-humanitarian-aid.ec.europa.eu/what/civil-protection/eu-civil-protection-mechanism_en

[v]Kozioł, A., Reform of the Union Civil Protection Mechanism During the Pandemic, PISM, 27 November 2020.

[vi]The consortium comprises Belgium, France, Germany, Italy, Luxembourg, Portugal, Romania and Turkey.

[vii]The Gdańsk memorandum of 28 October 2025, signed by Poland, Lithuania, Latvia and Estonia; the Stockholm memorandum of 4 March 2026, signed by 10 states — Sweden, Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway and Poland, Increased protection for the civilian population in the Baltic Sea and Nordic region - Government.se

[viii]Yougova, D., Union Civil Protection Mechanism: 2028-2034 programming period, Briefing "EU Legislation in Progress", European Parliamentary Research Service (EPRS), Members' Research Service, PE 782.614, January 2026. https://www.europarl.europa.eu/RegData/etudes/BRIE/2026/782614/EPRS_BRI(2026)782614_EN.pdf

[ix]2021–2027 budget: approximately €3.6 billion for the UCPM (€1.6 billion from the MFF plus €2 billion from Next Generation EU as a response to COVID-19) and approximately €1.7 billion for health preparedness under the EU4Health work programmes for 2021–2025. For 2028–2034 the Commission is proposing a total indicative financial envelope of €10.7 billion in current prices (€9.5 billion in constant 2025 prices) – an increase that the ECA and EPRS describe as "roughly three times the size of the allocated resources under the current UCPM". Sources: European Court of Auditors (ECA), Opinion 06/2026 concerning the proposal for a regulation of the European Parliament and of the Council on the Union Civil Protection Mechanism and Union support for health emergency preparedness and response, repealing Decision No 1313/2013/EU (Union Civil Protection Mechanism), COM(2025) 548 final, issued under Article 322(1) TFEU, Luxembourg, 10 February 2026 (series: EU budget 2028-2034), point 16; Anglmayer, I., 2028-2034 MFF: Civil protection, preparedness and crisis response. Initial Appraisal of a European Commission Impact Assessment, Briefing, European Parliamentary Research Service (EPRS), Ex-Ante Impact Assessment Unit, PE 774.713, December 2025, p. 10.

[x]The draft regulation provides for the creation, within the Commission, of a new Crisis Coordination Hub as a structure reinforcing the existing ERCC and responsible for situational awareness and the coordination of cross-sectoral action. At the same time, a simplification of co-financing rates and the codification of rules for operationalising response actions have been announced – explicitly listing the creation of logistics hubs and medical evacuation hubs. Sources: Yougova, D., Union Civil Protection Mechanism: 2028-2034 programming period, Briefing "EU Legislation in Progress", European Parliamentary Research Service (EPRS), Members' Research Service, PE 782.614, January 2026; European Commission, Commission Staff Working Document — Impact Assessment Report accompanying the document Proposal for a Regulation of the European Parliament

and of the Council on a framework of measures for the establishment of the Union Civil Protection Mechanism and for health preparedness and response repealing Decision 1313/2013 (Union Civil Protection Mechanism), SWD(2025) 545 final {COM(2025) 548 final} — {SEC(2025) 545 final} — {SWD(2025) 546 final}, Brussels, 16 July 2025, p. 51.

[xi]Anglmayer, I., 2028-2034 MFF: Civil protection, preparedness and crisis response. Initial Appraisal of a European Commission Impact Assessment, Briefing, European Parliamentary Research Service (EPRS), Ex-Ante Impact Assessment Unit, PE 774.713, December 2025.

[xii]Opinion of the European Court of Auditors (ECA) No 06/2026 on the proposal for a regulation of the European Parliament and of the Council on the UCPM and Union support for health emergency preparedness and response (UCPM & HEPR), issued on 10 February 2026 under Article 322(1) TFEU. European Court of Auditors (ECA), Opinion 06/2026 concerning the proposal for a regulation of the European Parliament and of the Council on the Union Civil Protection Mechanism and Union support for health emergency preparedness and response, repealing Decision No 1313/2013/EU (Union Civil Protection Mechanism), COM(2025) 548 final, issued under Article 322(1) TFEU, Luxembourg, 10 February 2026 (series: EU budget 2028-2034).

[xiii]According to the ECA's opinion, the draft regulation formally assigns the ERCC and the new Hub different mandates: the ERCC is to act in the case of a "disaster" – a situation that has, or may have, a serious impact on people, public health, the environment, critical infrastructure or property; the Hub, meanwhile, is to act in the case of a "cross-sectoral crisis" – an ongoing or imminently threatening disaster affecting, or liable to affect, multiple sectors simultaneously. The Court notes that the text of the provisions does not clearly reflect the complementarity between the two structures claimed by the Commission, and that it is unable to assess whether the creation of the Hub effectively meets coordination needs.

[xiv]The REFIT section of the Commission's working document announces only the codification and clarification of the rules for operationalising existing response actions – including the creation of logistics hubs and medical evacuation hubs – and the adjustment of co-financing rates. Neither this part of the impact assessment, nor the EPRS briefings, nor the ECA opinion indicates that such hubs are being established as a separate, permanent category of UCPM instrument with its own multiannual funding logic – the change is a procedural simplification (REFIT), not the creation of a new institutional category.

[xv]The French Senate submitted an opinion under the EU's subsidiarity-scrutiny mechanism, criticising the provisions on civil-military cooperation and the Commission's coordinating powers, and also questioning the creation of the Hub as an additional crisis-management centre and raising the issue of its relationship with the IPCR mechanism operating within the Council. The German Bundesrat raised similar concerns about the functioning of the Hub and the additional administrative burden, also pointing to a lack of clarity in the provisions on the main aim, subject matter and scope of the proposal (in particular Article 2). Source: Yougova, D., Union Civil Protection Mechanism: 2028-2034 programming period, Briefing "EU Legislation in Progress", European Parliamentary Research Service (EPRS), Members' Research Service, PE 782.614, January 2026, pp. 3–4 and footnotes 9–10.

[xvi]Several Member States, including Belgium, France and Spain, stressed during the negotiations that primary responsibility for civil protection lies with the Member States, and criticised the cross-sectoral approach proposed by the Commission; France and Italy in particular expressed strong reservations about the creation of the Hub.

[xvii]The UCPM's current typology of medical capacities is based on the WHO classification for Emergency Medical Teams (EMTs): Type 1 covers outpatient care at the site of the event; Type 2 covers inpatient care, including general and obstetric surgery; Type 3 covers advanced referral care with intensive care and specialist surgery. In addition, there are so-called specialised cells – modules added to base teams (e.g. burns, CBRN, rehabilitation). All of these categories describe the level of clinical care provided at the disaster site by a mobile field hospital. As shown above, Jasionka performs a different function. See https://civil-protection-knowledge-network.europa.eu/media/ecpp-capacities-brochure

[xviii]The Baltic and Nordic states – including Sweden, Estonia, Finland and Lithuania – strongly supported the "broadened approach" and the inclusion of "cross-sectoral elements" in the proposed regulation, and came out in favour of creating the Crisis Coordination Hub, while France and Italy expressed very strong reservations about the Hub.