



Dear colleagues

This edition follows the Board meeting held on 7 November and General Assembly and Policy Sessions from 8–9 November. It was a great honour for myself to see so many of you in Amsterdam and I extend sincere thanks to the Royal Dutch Medical Association for being such generous and thoughtful hosts.

The meetings produced many important results, with a full summary available on our website as well as in depth information in this packed edition of the Bulletin. The results speak to the hard work of so many of you through the working groups and policy sessions, together with the Board and the secretariat. Notably, the General Assembly [elected](#) a new Board, and I look forward to supporting the incoming President Dr Ole Johan Bakke to continue advancing the work of our association.

We invite you to read about this and much more in this month's edition.

Dr Christiaan Keijzer

CPME President



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BOARD OF DIRECTORS MEETING – 7 NOVEMBER 2024

Finances

Actual accounts as of 30 September 2024

- ▶ The Board took note of the draft accounts as of 30 September.

Expenditure is progressing as expected. An investment in IT at the secretariat will increase depreciation beyond the budgeted amount.

Internal Affairs

#DoctorsVoice campaign

- ▶ The Board approved the #DoctorsVoice campaign to be published, and the secretariat will present it to the General Assembly on 9 November.

The finalised launch webpage contains edited videos bringing together the perspectives of doctors across Europe. The videos end with clear policy recommendations. The secretariat will follow up with MEPs to organise an event in the European Parliament in 2025.

Policies

European Medicines Agencies Network Strategy to 2028

- ▶ The Board adopted the response to the public consultation on European Medicines Agencies Network Strategy to 2028

BOARD OF DIRECTORS MEETING – 7 NOVEMBER 2024**Joint statement on the Electronic Product Information (ePI)**

- ▶ The Board approved a draft joint statement (see page 11).

Evaluation of the National Emission Reduction Commitments (NEC)**Directive**

- ▶ The Board agreed with the preliminary CPME response to the European Commission consultation on the evaluation of the National Emission Reduction Commitments (NEC) Directive. The CPME President and WG Chair will adopt the final response by 26 November after the coordination with the EU Healthy Air Coalition partners.

Additionally, the WG will discuss on 8 November whether CPME should enter a sectorial conversation in agriculture. Ammonia emissions remain the biggest challenge regarding the pollutants covered by the Directive.

EMO's Joint Policy on the Health Workforce Crisis

- ▶ The Board approved of suggestions from CEOM and agreed to circulate the amended draft joint policy back to the EMOs' executive councils for final approval at the next meeting of the presidents of the EMOs.

A minor amendment was made to retain a reference to burnout to better align the with the consensus reached by the WG.

Commercial Determinants of Health

- ▶ The Board took note of the drafting process of a new CPME policy on commercial determinants of health.

The WG would discuss additional comments on the draft on 8 November (see page 10).

BOARD OF DIRECTORS MEETING – 7 NOVEMBER 2024

CPME guidelines on the transparency of relations between Doctors and Healthcare Industry

- ▶ The Board took note that no further changes were made since the last Board meeting, and that the guidelines would be finalised in the upcoming General Assembly.

Deployment of AI

- ▶ The Board took note of the latest amendments received to the draft policy on the deployment of AI. Comments had been received from Switzerland, Germany, France and the CPME rapporteur on AI, Prof. Dr Christian Lovis (see page 8).

Quality of basic medical education

- ▶ The Board took note of the latest comments received on the draft policy on the Quality of Basic Medical Education.

The document included input from the German Medical Association and the Irish Medical Organisation. Comments are also received after the Board send out from the French Medical Council and the Royal Dutch Medical Association. The WG will address the open questions during the policy session on 9 November (see page 9).

EPF invitation for a joint leaflet on European Health Data Space (EHDS)

- ▶ The Board agreed that CPME develops a joint leaflet with European Patients Forum on EHDS.

The leaflet will be for patients and doctors, explaining the rights and obligations stemming from the European Health Data Space. EPF is working in an EU project called “Data Save Lives” and they are already working on a leaflet for patients, besides having delivered a toolkit to inform patients on the secondary use of health data.

CPME NEWS

Dr Ole Johan Bakke elected President

Dr Ole Johan Bakke was [elected](#) as CPME President during our General Assembly in Amsterdam. He will serve a three-year term from 2025 to 2027, having previously served as Vice-President since 2019.

Outgoing President, Dr Christiaan Keijzer will complete his successful term at the end of the year and will continue to support CPME as Immediate Past President for the next three years.

The General Assembly elected four Vice-Presidents. Dr Andreas Botzlar, Dr Péter Álmos, and Dr Kitty Mohan will join the continuing Vice-President Dr Jacqueline Rossant-Lumbroso. Professor Dr Ray Walley has been elected as Treasurer, having served as Vice-President from 2019.

We extend our gratitude to our departing Vice President Dr Martin Balzan (Medical Association of Malta), Treasurer Dr Marjo Parkkila-Harju (Finnish Medical Association) and Immediate Past President Professor Dr Frank Ulrich Montgomery (German Medical Association) for their many years of commitment and hard work.

The full CPME Board of Directors for 2025-2027 is:

President:

- Dr Ole Johan Bakke (Norwegian Medical Association)

Vice-Presidents:

- Dr Andreas Botzlar (German Medical Association)
- Dr Jacqueline Rossant-Lumbroso (French Medical Council)
- Dr Péter Álmos (Hungarian Medical Chamber)
- Dr Kitty Mohan (British Medical Association)

Treasurer:

- Professor Dr Ray Walley (Irish Medical Organisation)

CPME celebrated 175th anniversary of Royal Dutch Medical Association by discussing digitisation of healthcare

Doctors from across Europe [celebrated](#) the 175th anniversary of the Royal Dutch Medical Association (RDMA) in Amsterdam. To commemorate the milestone, the RDMA hosted a conference themed 'The European Doctor and Digital Health' at the iconic NEMO Science Museum.

Dr René Héman, Chairman of the RDMA, highlighted the importance of adaptation and collaboration in healthcare's future. "Through respectful collaboration within and outside the healthcare sector and by sharing knowledge on both national and international levels, we lay a strong foundation for future healthcare developments and innovations," said Héman. "We are not only celebrating our rich history today but also the dynamic future of healthcare. The opportunities that digitisation brings to healthcare are immense, and we are eager to discuss the challenges and opportunities these developments bring."

Dr Christiaan Keijzer, President of CPME, said: "The event is a testament to the profound impact the RDMA has had both in the Netherlands, and as a committed and valued partner on a European and global level. Now we look to the future together, our collaboration with RDMA and partners across Europe is more important than ever."

RDMA honours Dr Christiaan Keijzer with silver medal

The Royal Dutch Medical Association [awarded](#) Dr Christiaan Keijzer with the silver medal for his exceptional services to Dutch medicine and the medical federation. During the festive CPME gala evening on 8 November, RDMA chairman Dr René Héman presented this prestigious award to Dr Keijzer. Since 1955, the silver medal has been awarded exceptional services to the RDMA and Dutch medicine. The RDMA last presented this award in 2018.

Dr Keijzer served as RDMA financial director and vice-chairman from June 2014, completing his last board term in 2023. He is completing his three-year term as CPME President at the end of this year.

Recommendations for artificial intelligence to meet the needs of clinical practice

CPME has [adopted](#) a policy providing recommendations to improve the uptake of AI in healthcare, with a focus on clinical decision-making AI systems.

European doctors note that the uptake of AI in healthcare is currently low due to several factors, including the complex environment of the sector, the wide range of products available on the market, the majority of which are not certified by a third-party, and a lack of confidence in using AI systems based on data from unknown data sources or on data collection processes.

CPME President Dr Christiaan Keijzer said “The main purpose for the integration of AI in healthcare should be the improvement of clinical practice, therefore technology needs to be embedded in clinical pathways. Those developing the digital tools need to learn the real needs of healthcare professionals, patients and their carers and guardians. AI products should be seamlessly integrated into the healthcare information system.

“We must avoid situations where they function as standalone tools requiring healthcare providers to manually input the same information across different systems. This is inefficient and causes frustration and administrative burnout. European doctors stress the importance of publicly coordinated efforts to establish knowledge environments of sufficient scale and clinical expertise within national settings. This coordination is crucial to support sustained AI research collaboration at both the EU and national levels.”

CPME Vice President Prof. Dr Ray Walley said “The deployment of AI cannot mean a disinvestment in other areas of healthcare systems. Short-term needs should be exploited first. AI should be used to resolve inefficiencies in healthcare provisions, knowledge fragmentation and automatism of time-intensive routine processes.

“Doctors should be free to decide whether to use an AI system, without repercussions, bearing in mind the best interests of the patient, and to retain the right to disagree with an AI system.”

Keeping standards high for quality of basic medical education

CPME has [adopted](#) a policy on the quality of basic medical education, calling for authorities at the national and European level to take action to safeguard the high standards of medical education.

Against the background of an ongoing health workforce crisis, CPME underlines the central importance of high-quality medical education and training to maintain functioning health systems. National, European and international responsibilities to assure and continuously improve quality must be translated into action. It was reaffirmed that a lack of adequate number of health professionals is not a justified reason to lower qualifications and training standards.

European doctors oppose any reduction of the minimum training requirements set out in the EU Professional Qualifications Directive and underline that these represent minimum standards. CPME encourages regular reviews of curricula and enforcement of legislation.

Topics such as prevention, sustainability, well-being, and the use of artificial intelligence are essential areas for curriculum updates. Medical students should understand the benefits and limitations of digital health for patients, telemedicine and mobile health as well as understand the ethical and legal implications of digital health tools.

CPME President Dr Christiaan Keijzer said “Medical education is an integral component of any country's healthcare system. Through comprehensive and dynamic medical education, we invest in the health of our country and the well-being of future generations. Cutting corners on basic medical education is not the remedy to the growing shortages of doctors.”

CPME Vice President Dr Martin Balzan added “We need more, better, and happier doctors. High quality basic medical education is a cornerstone in attracting students to medicine as well as for preparing them to become competent, and practice-ready doctors who are adaptable to real-world challenges.”

We will monitor national quality assurance requirements and instruments at the European level, and collaborate with European Medical Organisations to continually improve standards and practices.

European doctors urge policy-makers to ensure commercial influence does not harm public health

CPME has [published](#) a policy highlighting the negative impact of commercial determinants on health and urging policy-making to be evidence-based and ethical for the benefit of public health.

Annually, 2.7 million premature deaths as well as increasing rates of illness are caused in the WHO European Region by four major commercial sectors: alcohol, tobacco, ultra-processed foods and beverages, and fossil fuels. In addition, there is growing evidence of the impact of social media platforms on mental health. These causes may partly be attributed to insufficiently or badly regulated industries and products.

Commercial actors also influence health policy, for example through lobbying, incentivising policymakers to align decisions with commercial agendas and preventing or weakening regulation of their products and services. In addition, marketing of unhealthy products enhances their desirability and acceptability.

CPME President Dr Christiaan Keijzer said “The European Union and national governments need to recognise the scale of the impact that commercial practices have on health. Public health and wellbeing must be prioritised in policy decisions. This requires coordinated efforts, political will and courage. Policy-makers need to be transparent regarding their contacts with stakeholders and consider scientific evidence from objective and ethical research when introducing new legislation.”

CPME Chair of Healthy Living Dr Ina Kelly added “The European Commission must act on the unfulfilled and delayed commitments it made in 2021 as part of the Europe’s Beating Cancer Plan. This includes introducing mandatory alcohol labelling and the revision of key tobacco control directives. The EU must also regulate advertising particularly towards children and adolescents, and protect them from exposure to unhealthy products.”

Joint statement appeals to maintain paper medicine package leaflets, and use electronic leaflets as a complementary tool

CPME together with European nurses, community and hospital pharmacists, hospitals and healthcare services, consumers, older people, health insurance funds and not-for-profit health mutuals, call on legislators to maintain paper package leaflets, and use electronic leaflets as a complementary tool.

Ahead of the future co-legislators' interinstitutional negotiations on the European Commission's Proposal for a revised pharmaceutical legislation in the European Union, the signatory organisations appeal for inclusive provisions that leave no one behind and are respectful of privacy and personal data protection. Please find the full joint statement [here](#). CPME lead the initiative to draft the statement.

European veterinarians and doctors commit to translate global calls to tackle antimicrobial resistance into action

On the European Antibiotic Awareness Day, the Federation of Veterinarians of Europe (FVE) and CPME [urged](#) the incoming European Commissioner for Health and Animal Welfare to continue taking actions to mitigate further the antimicrobial resistance (AMR) burden and to meet the EU's 2030 targets.

Recent declarations by the United Nations and the G20 have heightened the global awareness for the urgency of antimicrobial resistance (AMR), raising the stakes to strive for more action on AMR in the European 's next mandate.

The ECDC has today published the annual epidemiological reports on resistance and consumption, highlighting that significant progress will need to be made to meet the 2030 targets, with especially worrying results for certain last-resort antibiotics.

CPME NEWS



CPME Vice-Presidents speak at high-level events in Brussels

On 19 November, CPME Vice-President Dr Martin Balzan (pictured left) participated in a panel during the **Politico Healthcare Summit**, on the topic of EU healthcare systems' sustainability. Dr Balzan outlined that there is no quick fix to the health workforce crisis and that effective health workforce planning is needed to ensure a high quality of patient care in Europe. Dr Balzan also highlighted that improving professional satisfaction and working conditions is key to address retention challenges. Shortages of healthcare workers remained a recurrent theme throughout the summit, with panelists across various sessions discussing the need for urgent action.

On the same day, CPME Vice-president Professor Dr Ray Walley (pictured right) participated in a **panel organised by the Hungarian Presidency on "Innovative Technologies in Healthcare: AI and Beyond"**. The panel explored the challenges and key enablers in deploying AI within clinical practice. It addressed how healthcare providers could navigate the landscape of available AI solutions, determine the best fit for their specific environments, and identify the necessary skills and training for effective implementation. The panel also covered strategies for demonstrating the added value of AI, fostering trust and acceptance among healthcare professionals and patients.

Professor Dr Walley presented the CPME policy on the deployment of AI (see page 8). Any change in the way of working could have profound impact on how consultations would be delivered (causing delays). He also addressed the need for evaluate AI efficiency and efficacy, the certification of AI systems and AI literacy.

WHO/Europe's survey on mental health of healthcare professionals deadline extended until 28 February

CPME is supporting WHO/Europe in a project funded by the European Commission, to launch a first-of-its-kind survey on the mental health and well-being of **healthcare professionals across the 27 EU countries, Iceland and Norway.**

We would appreciate NMAs' support in making sure it reaches as many doctors as possible. The survey takes about 12 minutes to complete and the deadline is extended until 28 February 2024. It is anonymous and available in 25 languages. Please access it here: <https://healthworkers-survey.ccomsuam.org/>

This survey, the largest of its kind ever undertaken in Europe, aims to gather crucial data to better understand the challenges doctors and nurses face in their work environments. Our Secretary General, Sarada Das, addressed the launch event on 22 October, underscoring that the data obtained can lead to concrete action.

CPME launches new social media channels

In recent weeks we have launched two new social media pages, on Bluesky and Instagram, where we post regularly, as well as our existing LinkedIn and X accounts.

Follow us on:

- **Bluesky:** <https://bsky.app/profile/europeandocctors.bsky.social>
 - We have made a [starter pack](#) of European medical associations and related accounts
- **Instagram:** <https://instagram.com/cpme.europeandocctors/>

You can also follow CPME on our existing accounts:

- **LinkedIn:** <https://linkedin.com/company/13026028/>
- **X:** https://x.com/CPME_EUROPA

FEATURE

European Commission 2024-2029 takes office

Following the EU elections, in which parties on the right made gains, Ursula von der Leyen (President of the European Commission) presented the Commissioners-designate and their respective portfolios to the European Parliament on 27 November 2024. The second von der Leyen Commission was approved by 370 votes for, 282 against, 36 abstentions. The new more right-leaning College of Commissioners took office on 1 December. We provide a summary of the final portfolios related to health of the incoming European Commissioners.

Commissioner for Health and Animal Welfare, Olivér Várhelyi (Hungary)

Von der Leyen announced that Várhelyi's first priority will be a Critical Medicines Act, which he said he'd like to deliver within the first 100 days of the new Commission, an ambitious target considering the Critical Medicines Alliance isn't expected to adopt its recommendations until mid-February. In the first 100 days, the Commission also plans to launch a Cybersecurity Action Plan for hospitals and healthcare providers. Following his confirmation hearing, oversight of HERA and sexual and reproductive health were transferred to Belgian Commissioner Hadja Lahbib (see next page). CPME expressed its disappointment at the failure to address the health workforce as a priority.

He will also be responsible for:

- concluding the reform of the EU pharmaceutical legislation
- ensuring the availability and competitiveness of medical devices
- completing the European Health Data Space and making proposals to scale up genome sequencing capacities
- preventive health, including by ensuring the implementation of the European Beating Cancer Plan and by evaluating and revising tobacco legislation
- continuing the work to combat anti-microbial resistance (AMR) and working with Member States to reach the 2030 targets
- leading an EU-wide inquiry on the broader impacts of social media on wellbeing
- leading the work on a new European Biotech Act to boost innovation in health technology assessment, clinical trials

FEATURE

Commissioner for Equality; Preparedness and Crisis Management, Hadja Lahbib (Belgium)

Commissioner Lahbib's [portfolio](#) has been enlarged to include all work regarding crisis preparedness and management, including oversight of the Health Emergency Response Authority (HERA), as well as sexual and reproductive health rights.

She will work towards ensuring a more robust and proactive approach to European crisis management and civil preparedness, both within our borders and on the global stage. Her tasks also include:

- developing and implementing an EU Preparedness Union Strategy which will help the Union to better anticipate, prevent and prepare for crises inside and outside Europe
- fostering a culture of preparedness, developing and carrying out a regular EU comprehensive preparedness exercise and for assessing the need for a future EU Preparedness Law
- developing a new strategy to support medical countermeasures against public health threats and for putting forward a wider EU stockpiling strategy that supports this

Executive Vice-President for Social Rights and Skills, Quality Jobs and Preparedness, Roxana Mînzatu (Romania)

Roxana Mînzatu's [role](#) is to guide the overall work on strengthening Europe's human capital, from skills and education to culture and sport.

Her tasks include creating a more coherent framework for addressing long-term care workforce challenges, focusing on the impact of digitalisation in the world of work and improving Europe's approach to occupational health and safety.

During her confirmation hearing, she said that she will work with Hadja Lahbib and focus on recognition of qualifications and medical education through the European University Alliances.

FEATURE

Executive Vice-President for Tech Sovereignty, Security and Democracy, Henna Virkkunen (Finland)

Henna Virkkunen is responsible for the Digital and Frontier Technologies portfolio. This entails leading Europe's efforts in shaping a competitive, resilient and inclusive digital future and maintaining or attaining leadership in strategic digital technologies.

This includes:

- Contributing to the EU-wide enquiry on the impact of social media and the action plan against cyber bullying
- Reaching Europe's 2030 Digital Decade targets, which will include reviewing the implementation strategy and digital targets in 2026
- Boosting Artificial Intelligence innovation, working with Member States, industry and civil society to develop an Apply AI Strategy (to boost new industrial uses of AI and improve delivery of public services) and helping to set up a European AI Research Council
- Developing an EU Cloud and AI Development Act and a single EU-wide cloud policy to boost high performance computing and quantum.
- Working on a new Digital Networks Act to help boost secure high-speed broadband, both fixed and wireless
- Ensuring the Commission takes rapid and effective enforcement actions under the Digital Services Act and the Digital Markets Act whenever necessary
- Deploying digital public infrastructure, notably by making the most of the EU wallet
- Presenting a European Data Union Strategy
- Ensuring an approach to the media which recognises its unique place in our democracies and culture

Commissioner for the Mediterranean, Dubravka Šuica (Croatia)

The outgoing Vice-President for Democracy and Demography, will continue to steer the implementation of the [Demography Toolbox](#) to help Member States address their demographic challenges.

FEATURE

Commissioner for Environment, Water Resilience and a Competitive Circular Economy, Jessika Roswall (Sweden)

Jessika Roswall's [role](#) is to protect nature, build a circular economy and work on the goals set out in the European Green Deal.

Her tasks include:

- Jointly leading on a Circular Economy Act to create market demand for secondary materials and establish a single market for waste, and proposing an updated bioeconomy strategy
- Enhancing our efforts to develop a single market for sustainable products
- Taking forward our zero-pollution ambition and working on the new chemicals industry package
- Focusing on enforcement and implementation of existing legislation related to environment, biodiversity and zero-pollution
- Ensuring we reach our international biodiversity commitments under the Kunming Montreal Agreement, striving for an ambitious global plastic treaty and supporting the implementation of the High Seas Treaty.

MONITORING

Political Outlook

Employment, Social Policy, Health, and Consumer Affairs (EPSCO) Council conclusions

On 2 December, the EPSCO Council adopted a series of [conclusions](#) on health.

- The [conclusions](#) on **women's and girl's mental health** include various measures, including incorporating a gender perspective into the design of mental health policies, combatting all forms of violence and gender stereotypes, and raising awareness about the importance of the timely and correct implementation of recent equal treatment legislation. Please find [here](#) our joint statement on mental health in all policies.
- The [conclusions](#) on **labour and skills shortages in the EU** focus on mobilising untapped labour potential. They follow up on the March 2024 Commission Action Plan and focus on two out of 5 areas for action mentioned: helping underrepresented people access the labour market, and support for skills, training and education. The Council invites EU countries to provide up- and reskilling opportunities, address individual and structural barriers, tackle the gender pay gap, promote fair, decent and stable working conditions, and improve labour and skill forecasting.
- The [conclusions](#) for **preventing cardiovascular diseases**, put forward measures on prevention, early detection, treatment and rehabilitation. Regarding prevention, the Council pushes for improving health literacy, awareness about cardiovascular health, discouraging unhealthy lifestyle choices, and tackling commercial determinants of health (please find [here](#) CPME's new policy). In addition, it calls on member states to ensure equal access to cardiovascular healthcare, to incorporate screening in health checks, and to strengthen training for healthcare workers. Finally, it invites the Commission to adopt legislative proposals and continue to work on measures announced under the Europe's Beating Cancer plan.

MONITORING

- Finally, the Council also adopted a [recommendation](#) to help reduce exposure to second-hand smoke and aerosols and achieve a tobacco-free generation in Europe by 2040. The recommendation calls on EU countries include important outdoor areas (i.e. playgrounds and restaurants terraces) into the scope of their protection measures. This new measure should also apply to emerging tobacco and related products (e.g. e-cigarettes and heated tobacco products). EU countries are also encouraged to further limit the use of these products in certain public spaces, public transport, and in workplaces, recognising the harmful effects of second-hand exposure. It is expected that the commission will report on the progress made following the implementation of the recommendation after 5 years.

Professional Practice

Commission and OECD Health at a Glance 2024 Report

On 18 November 2024, the Commission and the OECD published the [Health at a Glance: Europe 2024 report](#). It highlights the need for lifelong health promotion and disease prevention to support healthy aging, as well as the urgent need to address healthcare workforce shortages, estimated at 1.2 million professionals in 2022. In addition, it shows that EU countries have made gradual improvements in health crisis preparedness, but significant challenges remain in building public trust and combatting AMR.

Furthermore, the report highlights that life expectancy in Europe has rebounded to 81.5 years, but significant disparities remain, including an 8-year gap between countries and gender differences in healthy life-years, with women living longer but spending more years in poor health. The report emphasises the impact of demographic, digital, and climate changes on health systems, urging greater investment, improved working conditions, and more training to ensure a resilient healthcare workforce.

MONITORING

Public Health

New WHO/Europe fact sheets reveal mixed progress on tobacco control in the European Region

WHO/Europe provided detailed [insights](#) into how countries in the WHO European Region are progressing in their efforts to implement the WHO [Framework Convention on Tobacco Control](#) (WHO FCTC). WHO introduced MPOWER measures: monitoring tobacco use and prevention policies; protecting people from exposure to tobacco smoke; offering help to quit tobacco use; warning people about the dangers of tobacco; enforcing bans on tobacco advertising, promotion, and sponsorship; raising taxes on tobacco.

According to the data, countries in the European region perform well in monitoring tobacco use and warning people about the dangers of tobacco. 53% of the countries maintain high tobacco taxes but cigarettes have only become less affordable in 6 countries since 2020. The factsheets show that progress is still necessary in providing sufficient support to help people quit tobacco, in adopting comprehensive smoke-free laws, and in banning advertisement and promotion of tobacco products

Revised EU Air Quality Directive is official

On 20 November, the revised [EU Directive on ambient air quality and cleaner air for Europe](#) was published in the official journal of the EU in all language versions. Please note that organisations representing healthcare professionals are mentioned in articles regarding air quality plans and public information. The Directive will enter into force in 20 days, and EU Member States will have until 11 December 2026 to transpose most of its articles and annexes. Meanwhile, the European Commission will have to come up with the various implementing acts foreseen in the new law.

MONITORING

The impacts of heat on health: surveillance and preparedness in Europe

On 27 November, the European Environment Agency (EEA) published a [briefing](#) giving a first state of play on national surveillance for heat-related health impacts. It reveals that in terms of preparedness, 21 EEA member countries have heat-health action plans in place, and another four national public health institutes are developing such plans. However, progress is limited to southern and western European member countries. Several countries in central and eastern Europe currently do not have a surveillance system or heat-health action plan in place.

Pharmaceuticals and healthcare

Accelerated efforts needed to reduce antimicrobial resistance

“Healthcare-associated infections account for 70% of the AMR-related health burden in the EU.” ECDC is [advocating](#) for more rigorous infection prevention and measures including improved hand hygiene, wider screening for resistant bacteria, enhanced isolation facilities, increased staffing and training in infection control. Reducing antibiotic use in humans requires improved information and public awareness campaigns, supported by social and behavioural measures to prevent unnecessary use. Without intensified efforts, the EU risks falling short of its targets, leading to more untreatable infections and AMR-related deaths. CPME published a [press release](#) with FVE to mark antibiotic awareness day.

European Parliament votes to revise the Medical Devices Regulation

The European Parliament plenary voted on a [resolution](#) on the urgent need to revise the Medical Device Regulation (MDR). The European Parliament calls for measures to address the most pressing challenges and bottlenecks in the implementation of the MDR and In Vitro Diagnostic Medical Devices Regulation by early 2025. CPME provided input on key policy changes for the process.

MONITORING

Digital Health

Digitalisation of healthcare: Use of EU financial support is difficult to establish

On 20 November, the EU Court of Auditors published a [report](#), stating that Member States struggle to use EU funds for digital transformation of healthcare. EU funding for healthcare digitalisation were distributed through multiple programmes managed by different European Commission departments, each with its own rules and different management process.

Member States encountered difficulties in utilising EU funds due to the complexity of fundings options, limited administrative capacity and challenges in obtaining national co-financing. This made it challenging for some member states to identify available funding and created barriers in the application process. Neither Member States nor the European Commission have complete overview of the funds allocated to healthcare digitalisation. The difficulties encountered created significant a barrier for digitalisation and the benefits which could be generated. Please find our policy paper on deployment of artificial intelligence in healthcare [here](#).

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