



## Dear colleagues

This edition follows our Board meeting held online on 16 April when the Board discussed the Biotech Act, the Audiovisual Media Services Directive and the Regulation on the registration, evaluation, authorisation and restriction of chemicals (REACH). We also report on a favourable outcome in our advocacy on the Digital Omnibus on AI (page 5), and a conclusion to negotiations on the EU's Critical Medicines Act (page 21).

In April, I attended the WMA Council meeting in Belgrade, with the main outcomes summarised in the news section. Our Secretary General, Sarada Das, also brought European doctors' views on the implementation of the European Health Data Space to a high-level conference organised by the Cyprus Presidency of the Council of the European Union. We welcome you to read all this and more in this month's edition.

**Dr Ole Johan Bakke**

CPME President



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## Policies

### Regulation on the registration, evaluation, authorisation and restriction of chemicals (REACH)

- ▶ The Board approved a [statement](#) on the revision of REACH which was expected to be revised by the European Commission.

The document builds on the 2005 CPME policy on chemicals and health. The WG Public Health will be consulted for further input towards a potential consolidated policy as the European Commission provides more information.

*Update following the Board meeting: The European Commission announced that they will not revise the REACH as expected. CPME is consulting with partners on the next steps.*

### WMA/CIOMS joint letter on Biotech Act

- ▶ The Board decided to co-sign the joint position with WMA/CIOMS, noting the approach on regulatory sandboxes.

### Policy on Gambling and Gaming

- ▶ The Board decided to update the policy according to a request by Leon Y. Xiao, Assistant Professor from the City University of Hong Kong, regarding the examples the policy gives on loot box regulations in Belgium and the Netherlands.

According to Professor Xiao, part of the information was outdated. As a result, a side sentence was amended, and two references were added. The updated policy is available [here](#).

## BOARD OF DIRECTORS MEETING – 16 APRIL 2026

## Audiovisual Media Services Directive (AVMSD)

- ▶ The Board adopted the consultation response.

As a part of the new EU Cardiovascular Health Plan, the European Commission is currently evaluating the AVMSD and will consider a proposal for its revision. Since the AVMSD was last amended, the EU audiovisual media market has developed. Viewers' access particularly to online audiovisual media content has increased. Moreover, there are new distribution technologies and new players such as influencers.

The CPME response calls for better protection of viewers, including children and minors, from harmful content, including harmful advertising of tobacco, alcohol and unhealthy foods and drinks.

## European Health Data Space

- ▶ The Board took note that draft CPME comments are being prepared for review by the WG Digital Health on draft implementing legislation addressing identity management, requirements for cross-border exchange of personal health data and dataset descriptions.

## **Medical devices will remain under the safeguards of the EU's AI Act following CPME advocacy on the topic**

EU legislators [reached a deal](#) early on 7 May on the Digital Omnibus on AI, which amends existing EU laws. CPME opposed a proposal to remove medical devices and in vitro diagnostic medical devices from the requirements for high-risk AI systems set out in the AI Act, and was reassured that medical devices will stay within the scope of the AI Act.

Following adoption of proposed amendments to the file during our March General Assembly, CPME issued a [press release](#) that was widely reported and shared across Brussels. CPME followed up with numerous meetings and outreach with key policymakers and stakeholders, including the European Parliament rapporteur, MEP Michael McNamara, and the European Commission staff working on the file.

We also thank members who made use of our advocacy toolkit and contacted national policymakers. These efforts were vital as several key negotiators from Member States aligned with CPME's position.

The outcome provides options to have a coherent discussion during the ongoing revision of the Medical Devices Regulation to ensure the interplay with the AI Act works as effectively as possible. CPME will continue to engage on this file in the coming months.

The agreement also postpones restrictions on high-risk uses of AI in the EU by more than a year. The revision entails a ban on nudifier software and added wording outlawing the creation of child sexual abuse material specifically.

## CPME presented at Cyprus Presidency conference on EHDS

The Cyprus Presidency event '[EHDS-AI CONNECT 2026: Building a Robust and Secure AI-Enabled Connected Health Data Space for a Stronger European Health Union](#)' took place in Limassol from 29-30 April 2026. In the context of the event there were also meetings of the Joint Actions Xt-EHR and TEHDAS2, which are preparing the implementation of the EHDS.

In an address during the conference, CPME Secretary General Sarada Das underlined the need to ensure meaningful access for stakeholders to contribute to the implementation process, taking into account the limited resources. CPME was invited to share views on barriers and incentives in the implementation of EHDS, which gave an opportunity to share the policy recommendations on user-friendly EHRs and recent examples provided by the WG Digital Health, e.g. on the friction between existing workflows and EHDS proposals. On 28-29 April, CPME also took part in a panel discussion the final conference of the EU-funded [H-PASS project](#). The project aimed to strengthen transversal and digital skills within the healthcare workforce to improve patient outcomes and address the ongoing workforce crisis. The training module can be accessed for free on the H-PASS [website](#).

CPME also attended the TEHDAS2 Joint Action General Assembly to underline the need to address how doctors access the EHDS. The Xt-HER Joint Action also held a special event to adapt recommendations on how to integrate skills on EHDS in medical practice.

## CPME attended the WMA Council in Belgrade on 23-25 April

The meeting saw the discussions of various policy papers including a broad framework policy on disaster preparedness, which will be proposed for adoption later this year. Other policy discussions focused on medical neutrality, the situation of healthcare in conflict zones as well as topics such as healthcare for patients with mental illness. The Council adopted a revised [WMA Statement on Medical Care for Migrants](#) and a [Resolution on Escalating Global Armed Conflict and Violence and Restoring Peace](#). Furthermore, WMA published a [Resolution reaffirming childhood vaccination as a global public health priority](#). It was also the final meeting of Dr Otmar Kloiber, who handed over the position of WMA Secretary General to Dr Ramin Parsa-Parsa as of 1 May 2026.

## EU Biotech Act: Futureproofing innovation hand-in-hand with medical ethics

CPME published a press release on the adoption of [proposed amendments](#) to the EU Biotech Act, urging that the drive for competitiveness must not come at the expense of ethical standards.

Dr Ole Johan Bakke (CPME President) said “Access to pharmaceuticals is facing new and severe challenges. Therefore, the Biotech Act has a legitimate emphasis on research and innovation in Europe to improve effectiveness and availability of treatments to our patients. For European doctors, this innovation goes hand-in-hand with medical ethics.

“We see good proposals in the Biotech Act towards strengthening ethics, for example in the Clinical Trials Regulation, but we need to futureproof this. We also emphasise the need to ensure access is realised in practice. Therefore, we reject the extension of Supplementary Protection Certificates. Lastly, we underline the importance of patient-centred research, and the need to clarify their rights and roles in research.”

Dr Christiaan Keijzer (CPME Immediate Past President) said “The Biotech Act has the potential to strengthen medical ethics in research, but to achieve this, ethics committees need to be adequately and sustainably resourced. We also need to ensure their independence: coordination between ethics committees and competent authorities should not be used to override or unduly influence the ethical review of an ethics committee.

“We also welcome the reference to the World Medical Association’s [Declaration of Helsinki](#) and emphasise its importance as a global consensus. We also propose to add a reference to the [Declaration of Taipei](#) on Ethical Considerations regarding Health Databases and Biobanks as a complement which guides also new avenues of research.”

A report on January’s joint event with the World Medical Association is available [here](#).

## Weakening of GDPR risks confidentiality and patient data

**CPME urges policymakers to safeguard the current level of protection offered by the General Data Protection Regulation (GDPR) in [proposed amendments](#) to the Digital Omnibus on Data. Robust protections for personal data, in particular for health data, must remain in place to ensure ethics and privacy in the roll out of digital healthcare.**

CPME President Dr Ole Johan Bakke said "The changes proposed in the Digital Omnibus go far beyond a targeted technical modification of the GDPR. European doctors' primary concern in the roll out of digital tools is the risk to medical confidentiality and patient data. This proposal does not reassure those fears."

CPME Vice President Dr Jacqueline Rossant-Lumbroso added "The patient-doctor relationship is based on trust. Weakening personal data protection safeguards impacts on patient's privacy and undermines the quality and safety of electronic health data processing, critical to generating reliable data for safe digital solutions."

CPME Rapporteur on Data, dr. Sjaak Nouwt said "The Commission's proposal brings several risks. For example, in the context of digital healthcare platforms and online medicine sales, it will be easier to profile patients, to infer sensitive data, such as the health status, without sufficient justification.

"We also fear that the weakening of GDPR will facilitate the unethical reuse of health-related data for commercial purposes, such as expanding options to track users' devices and enabling the illegal sale of health data."

## **Health is a strategic investment for Europe: Member States must match European Parliament's ambition for health budget**

**Doctors, nurses and public service unions strongly [endorse](#) the European Parliament's position to allocate €10 billion to the EU4Health programme in the EU's next long-term budget, and call on the Council of the European Union to support this ambition.**

The European Commission's proposal for the Multiannual Financial Framework (MFF) 2028–2034 would eliminate EU4Health, the EU's only dedicated health programme, channeling all health funding through an industrially-focused competitiveness fund. The European Federation of Public Service Unions (EPSU), the European Federation of Nurses Associations (EFN) and CPME call on the Council to support the Parliament's vision to protect EU4Health as a ring-fenced programme and prioritise long-term investment in Europe's health sector as a whole.

"Dedicated EU health funding is essential – now it must be matched with the right priorities," says Jan Willem Goudriaan, EPSU General Secretary. "Europe's health and care systems are facing a public services emergency, driven in large part by workforce shortages and poor working conditions. The EU budget must support long-term investment in the workers who keep these systems running."

Dr Ole Johan Bakke, CPME President, added "Investing in health is not a cost, but a strategic investment in the EU's future. Adequate resources are vital to collaborate on current challenges, prepare for future crises, and ensure a coherent long-term vision for health. By making health a central pillar of its budget, the EU can lead by example in promoting equity, resilience, and shared prosperity."

Paul De Raeve, EFN Secretary General, raised that "By voting in favour of increasing the EU funding for healthcare in the next MFF, the European Parliament showed it took on board EFN position, providing key support for keeping the education of nurses high on the EU political agenda! It is crucial now for the Council to support the MEPs demands for practical solutions to turn around the shortage of especially nurses and doctors in the healthcare sector.

## European Immunisation Week

European Immunisation Week took place from 19 to 25 April. Across Europe, organisations such as the [WHO](#) and [ECDC](#) raised awareness to immunisation-related issues, including vaccine hesitancy, and misinformation. In its capacity as co-chair of the Coalition for Vaccination, CPME [reaffirmed](#) the need to tackle those issues, in addition to vaccine shortages, disinformation and structural barriers to access vaccinations within healthcare systems. Whilst, also emphasising the importance of relying on trusted information sources, including national health authorities and the European Vaccination Information Portal.

The Coalition for Vaccination supports the work of the European Commission, Member States, the European Centre for Disease Prevention and Control (ECDC), and European Medicines Agency (EMA) to provide evidence-based information, counter disinformation, and support national evidence-based vaccination strategies. Moreover, the Coalition advocates for expanded professional development for healthcare workers, the monitoring of immunisation programmes, improved transparency of approval processes and strengthened and independent vaccine safety surveillance.

During Immunisation Week, the Coalition called for campaigns that highlight the long-term safety of vaccines, empower health professionals with compassionate communication tools and enhance public trust through transparency, accountability and equitable access.

Updates on the Coalition's work are regularly shared via their LinkedIn account, which can be accessed [here](#).



## CPME NEWS



## Study visit to CPME by Swedish Medical Association

On 15 April, representatives from the communications team of the Swedish Medical Association (SMA) visited the CPME office as part of a study visit to Brussels. CPME Secretary General, Sarada Das and Communication Officer, Calum MacKichan presented insights into CPME's advocacy work, followed by a discussion on CPME's communication strategy.

The exchange provided an opportunity to reflect on current approaches and explore ways to further enhance communication activities and collaboration. Areas discussed included engagement with members through the bulletin and magazine, media engagement, events, campaigns and the use of social media. The results of the discussion will be used as feedback to review CPME's communication strategy.

- We take this opportunity to extend this invitation to our other members and reiterate our door is always open for exchanges and dialogue.

**FEATURE: Developments in regulating digital health harms across Europe**

## **Feature: Developments in regulating digital health harms across Europe**

There is growing political momentum for strengthened digital health safeguards across Europe. Consequently, policymakers and stakeholders are increasingly calling for legislative action.

Our recent [members' conference](#) hosted by the Irish Medical Organisation, highlighted the consequences of social media exposure to children, including addictive design grooming, decreased attention spans and exposure to harmful or extremist content. It also presented data on the highly prevalent exposure of children and young people to violent pornography, its current role as a major sex educator for the young and its links to real world violence against women.

CPME has previously voiced concerns about the repercussions of social media use on mental health, in 2021 and 2024, underlining the importance of integrating digital health within digital skills frameworks and mitigating online harm. CPME is actively monitoring the policy developments, and this feature summarises news at national and European level. The topic is moving quickly, and we welcome further insights from CPME members.

**FEATURE: Developments in regulating digital health harms across Europe**

## Countries are moving ahead in imposing age restrictions

In December 2025, Australia was the first country to impose age restrictions setting a minimum age of 16 for social media use, with fines issued to platforms that fail to comply, triggering discussions worldwide. Other countries have followed, for example, Brazil and Indonesia have also passed legislation.

In Europe, Greece and Portugal have passed laws on social media age restrictions, and many more European countries are in various stages of the legislative process (see full summary on next page).

Common arguments advocating for the bans signal reasons including addiction, mental and physical health implications, exposure to violence and extremism, increased risks of grooming and impact on attention spans.

Conversely, those opposing the ban highlight impacts on communication, access to information, self-expression and community building, as well as concerns about restricting exposure to diverse perspectives and infringing on human rights, including freedom of expression as [noted](#) by the Council of Europe's Commissioner for Human Rights.

In the European debate, numerous stakeholders argue that bans alone will not deliver safer digital environments if platforms remain unsafe at their core.

A Euroconsumers [report](#) calls for platforms to embed protections, filters, and age-appropriate settings from the outset. This requires effective age verification, not to exclude children, but to ensure suitable environments.

Similarly, Eurochild's [position](#) argues that solutions should prioritise childrens' rights with safe-by-default regulation that tackles platforms' risk-driving business models and design choices.

## FEATURE: Developments in regulating digital health harms across Europe

A list of European countries currently legislating can be found below. Due to rapid policy developments, the list may not be fully up to date:

- [Austria](#): A government proposal is expected in June for a 14-year age restriction on social media.
- [Denmark](#): The government is moving forward with a plan to ban social media for teenagers up to 15 years old, with parents being able to make exceptions by the age of 13. “Most parties” in Parliament support the restrictions.
- [France](#): A bill imposing a 15-year-old age limit on social media is negotiated between the Senate and the National Assembly. Macron is a strong supporter and [actively](#) promotes EU-wide action.
- [Germany](#): The two major parties have both taken stances for social media restrictions. The CDU is supporting restrictions up to 14 years old, and the SPD is preparing a similar proposal while already demanding to have separate, less addictive versions of platforms for children under 16.
- [Greece](#): Greece has passed a law to ban social media for minors under the age of 15, which will into effect January 2027.
- [Italy](#): The Senate is currently debating a proposal banning social media under the age of 15, while also increasing parental control mechanisms on minors' cell phones.
- [Norway](#): The government will propose restricting social media up until the year a child turns 16.
- [Portugal](#): A law banning social media ([exempting](#) messenger applications) for people under 16 was passed in February, with children over 13 being able to access it with certified parental approval.
- [Poland](#): The largest governing party is planning a 15-year-old social media age limit proposal.
- [Slovenia](#): The government is working on a proposal banning social media for those under 15.
- [Spain](#): The government is moving forward with a 16-year-old social media age restriction.
- [United Kingdom](#): A public consultation is underway on age restriction on social media, with the government considering a 16-year age restriction if minors are not sufficiently protected online.

Various stages of support or pushes for such bans are also reported in [Belgium](#), [Finland](#), [Ireland](#), [Lithuania](#), [Luxemburg](#), [Sweden](#), and [The Netherlands](#). The only country to have expressed criticism is [Estonia](#), whose Education Minister argues that teenagers will find loopholes to bypass age restrictions, and that such regulations should be remain the responsibility of national governments and not the EU. Some industry representatives have expressed concern at needing to comply with many national laws and have called for a single European standard.

## FEATURE: Developments in regulating digital health harms across Europe

### European Union policy-making

Although the EU Parliament adopted a non-legislative [report](#) in November last year calling for enhanced protection of minors in online spaces, including consideration of a minimum age requirement of 16 years to access social media, media [reports](#) note that Member States are “outpacing Brussels” in introducing such measures. The Commission has announced that a dedicated child protection expert group is [expected](#) to publish recommendations by summer for a proposal on online age restrictions; which may include stricter enforcement of the Digital Services Act or new regulations.

### EU launches a new age verification app

On 15 April, the European Commission [launched](#) an open-source age verification application. The application will enable users to confirm their age on online services anonymously. The Commission, says it is designed to be user friendly and requires a passport or ID card to activate. It will employ a “zero-knowledge proof” method, to ensure there is no traceability between individual users and their activities, sharing only binary responses as to whether the user meets the age requirements. On 29 April, the Commission [adopted](#) an official recommendation to Member States to deploy the age verification app, specifying how the authorities were to implement it to ensure its interoperability across the Union. Countries are [encouraged](#) to create their own national versions of the app and to include them in the national digital wallets.

The application has been [tested](#) in France, Denmark, Greece, Italy, Spain, Cyprus and Ireland in recent months, and has received some [criticism](#). [Online](#) commentators have criticised its poor security design, with one security consultant [demonstrating](#) how the app could be hacked within 2 minutes. Users would also be able to circumvent the system using VPNs, making it potentially redundant for restricting minors. Additional concerns were raised about biometric data being stored unencrypted locally on devices, which [could](#) be in violation of the EU’s General Data Protection Regulation. A joint [statement](#) by security and privacy scientists in February calls for a pause in the deployment of such technology, citing limitations in risk assessments and supporting evidence. The Commission has said the app is being further developed to address these concerns.

**FEATURE: Developments in regulating digital health harms across Europe****New Digital Fairness Act and investigations into various online platforms**

In March, the European Commission issued a [press release](#) stating that four pornography platforms, Pornhub, Stripchat, XNXX and XVideos, were preliminarily found to be in breach of the Digital Services Act (DSA), due to inadequate protections against the access of minors. These included reliance on self-declaration for age verification and inadequate assessment of risks faced by minors accessing these platforms. Similarly, the Commission has [announced](#) formal proceedings to assess whether Snapchat's use of self-declared age verification is sufficient. The investigation also covers risks related to child grooming, recruitment for criminal activity, reporting mechanisms, access to sale of age restricted products and dangerous default settings, including a default shared location feature.

These investigations could result in an expansion of the enforcement scope of the DSA, mandating greater protection and stricter age verifications. Moreover, the Commission is also [expected](#) to propose the new Digital Fairness Act, aimed at countering unfair personalisation, unethical user interfaces ("dark patterns"), and other consumer protecting practices online, including influencer marketing.

**Nudification software to be banned in the EU**

The sudden rise of artificial intelligence capable of generating realistic videos or pictures of any person in intimate or sexual circumstances, so called nudification software, has also prompted action. As [highlighted](#) by PC Mag, a 2023 survey found that 98% of all generated deepfakes were pornographic. Ruth Breslin, speaking ahead of the CPME Spring Assembly, explained how young people are being targeted with advertisements encouraging them to "nudify your ex", and the current wide-spread accessibility of this software through the X's AI software, "Grok", which has in many instances generated AI deepfakes of child sexual abuse.

On 7 May, the Digital Omnibus Package on AI was [agreed](#) upon, banning nudification software.

CPME will continue to monitor the rapidly moving developments in this field.

## Political Outlook

### European Parliament approved report on long-term EU budget 2028–2034

On 29 April, the Parliament's plenary [approved](#) its report on 2027 budget priorities, [endorsing](#) the Budget Committee's 15 April call for 2028–2034 MFF exceeding €2 trillion, representing a 10% rise to 1.27% of gross national income, excluding COVID-19 debt repayments. Rapporteur Siegfried Mureşan (EPP) stressed the need for resources in competitiveness, health, social cohesion and security, including doubling the European Competitiveness Fund to €234 billion.

The Parliament calls for €10 billion for a dedicated EU4Health Programme, which is absent from the European Commission's proposal (see our joint press release in CPME news supporting this and more details below).

### 70 MEPs advocate for support for health NGOs

On 17 April, 70 members of the European Parliament sent a [letter](#) to the European Commission prompting the Commission to reconsider the removal of operating grants from the EU4Health Work Programme, noting concerns of undermining public trust and weakening European cooperation in health policy. The MEPs noted the ramifications of this removal including staff cuts and reduced activities among Brussels-based NGOs. MEPs emphasise that the programme only represents approximately 1% of the €4.4 billion budget, and is necessary for advocacy, expertise-sharing, and policy implementation roles. They call for reinstated structural funding for the health NGOs in the programme through operating grants and greater transparency in the development of the programme.

## MONITORING

## Public Health

### WHO report on the coverage gaps of vaccinations against influenza

On April 24th, WHO Europe [reported](#) that only 4 of 54 countries and areas in the European Region met the long-standing target of vaccinating 75% of older adults against influenza. The analysis found that while influenza vaccine doses distributed across the region have [doubled](#) since 2008/2009, coverage remains highly unequal, with older-adult vaccination reaching 55% in high-income countries but only 5% in lower-middle-income countries. WHO Europe highlights this as a missed prevention opportunity, noting that seasonal influenza causes up to 650,000 deaths globally each year; calling for stronger investment, improved access to affordable vaccines, and national action to identify and address barriers to vaccination.

### Commission commit funds to EU Global Health Resilience Initiative

On 8 April, the EU Commission released a [statement](#) committing about €800 million to the fight against malaria, HIV, tuberculosis, anti-microbial resistance and neglected tropical diseases. The funds will be a part of the new EU Global Health Resilience Initiative, and with €700 million going through the 8th replenishment of the Global Fund, and the rest through various entities such as ECDC, EFSA, the German Development Bank and Agence Française de Développement among others.

### New WHO database on Health Information Systems Governance

On 8 April, the WHO Europe [announced](#) its launch of the EU funded Health Information Systems Governance (HISGOV) database, which with 70 indicators will be a database to compare countries in their use of digital health information. The WHO points out how various gaps between data collection and actual policies exist and that different countries face different problems. The database will allow countries to compare systems and to exchange best practices and identify feasible improvement options in the digital data infrastructure.

## MONITORING

## OECD Report on the "long shadow of the COVID-19 pandemic"

On 8 April, the OECD [published](#) a report about care and costs of Long Covid, a disease that follows Covid-19 infection and might cause brain fog and disabling fatigue and is estimated to have a prevalence as high as 0,6–1% in EU and OECD countries 2025. OECD estimates that the total cost will amount to 0,1 to 0,2% of GDP (\$135 billion per year) to coming decade, mostly stemming from working hours lost and not healthcare costs. To improve, OECD recommends national long covid strategies and care pathways, healthcare worker trainings, increased awareness, pandemic preparedness to avoid future similar conditions, increased research and international collaboration, efficient health systems through universal health coverage and integration of health and social institutions at national levels.

## The Economic Benefits of Tackling Non Communicable Diseases

On 15 April, the OECD released a [report](#) exploring the intersection of non-communicable disease burden and economic considerations. The report emphasises the severity of the rise in NCDs, outlining the potential ramifications posed in relation to health and economy due to impact on national budgets, workforce productivity and economic growth. Additionally, the report suggests integrated policy approaches to confront this urgent issue, including the importance of enhancing the responsiveness of health systems and minimising environmental exposure to risk factors.

## Potential role of EU in screening programmes of rare diseases for newborns

On 26 March, the European Parliament Research Service published a [briefing](#) examining the potential role of the EU in newborn screening programmes for rare diseases. Such programmes are done to find rare diseases and initiate treatment early for new-borns. The study reveals the many differences between Member States in which conditions are included in the screening and concludes that EU guidelines and action on the area could provide an added benefit in promoting better health outcomes and lower costs.

## MONITORING

## New tobacco and vape bill in the United Kingdom

On 21 April, the United Kingdom enacted [legislation](#) to create the world's first smoke-free generation, prohibiting tobacco and vape sales to individuals born on or after 1 January 2009, with the legal purchase age increasing annually thereafter. Further, the bill is creating a licensing scheme for retailers, regulates all advertising for tobacco including for novel tobacco products and nicotine products, sets age restrictions on all nicotine products, and extends the power to create smoke and vape free zones.

## Court of Justice ruling on emissions of filter cigarettes

On 21 April, the European Court of Justice [ruled](#) on a case brought by the Dutch Youth Smoking Prevention Foundation, a member of the Smoke Free Partnership coalition. The NGO argued that filter cigarettes exceed EU emission limits for tar, nicotine, and carbon monoxide because official ISO measurement methods fail to account for how people smoke. The Court ruled that the NGO cannot rely on alternative testing methods to challenge the products and must continue to use the prescribed ISO methods..

## Belgium tightens rules on alcohol advertising

On 30 March, the Belgian government [approved](#) stricter alcohol advertising rules, primarily to protect minors from alcohol promotion. These regulations mandated the “Alcohol is harmful to your health” on all alcohol advertisements, adapting the previous statement that read “Alcohol abuse is harmful to health”. Additionally, these bans extend to the advertisement of promotion of alcohol on any media platforms where minors represent at least 30% of the viewership.

## MONITORING

## Pharmaceuticals

### Critical Medicines Act: Deal reached between Parliament and Council

On 12 May, the [Council of the European Union](#) and the [European Parliament](#) successfully concluded a deal on the Critical Medicines Act. Reports suggest that the deal provides support for pharmaceutical companies setting up production of strategic drugs, yet there was no information on obligations in return for such support, which CPME had proposed. Further, new EU procurement rules were agreed upon, including criteria that supply chains are secure and kept in Europe. As the wording has not yet been released it is unclear how far-reaching these obligations are as of now. Reports suggest that a mandatory redistribution mechanism could not be agreed, with weaker commitments on data sharing included. Politico reported that in general, the deal landed closer to the Council position than the Parliamentary position. CPME's [proposed amendments](#) were published last year and disseminated to the key negotiators, and we will analyse the final text once it is published.

### US imposes EU pharmaceutical tariffs amid UK exemption

On 2 April, the UK government [announced](#) a new pharmaceutical trade arrangement with the United States, under which all tariffs on UK pharmaceutical exports are eliminated. In return, the UK commits to increased pharmaceutical expenditure, higher cost-effectiveness thresholds for reimbursement, and reduced maximum rebates demanded by the NHS. Politico further [reports](#) that discussions are ongoing on potential mutual recognition of medical device approvals. Alternatively, as [reported](#) by Euractiv, the United States will impose a 15% tariff on innovative pharmaceutical products manufactured in the EU, following a government investigation. Biosimilars and generic medicines are exempt, and 16 large pharmaceutical companies have secured individual exemptions. The European Federation of Pharmaceutical Industries and Associations (EFPIA) has urged the EU to accept the arrangement as the most viable option under current conditions, noting that some countries face tariffs of up to 100%. The US administration intends to continue negotiations with smaller pharmaceutical companies. Additionally, [stakeholders](#) call on the EU to reassess financial incentives for the pharmaceutical sector. Implementation of the tariffs is scheduled for 31 July.

## MONITORING

## WHO launches R&D roadmaps for high-risk pathogen families

On 7 April, the WHO [launched](#) a set of R&D roadmaps to guide pandemic preparedness efforts across priority pathogen families. These roadmaps aim to reduce scientific uncertainty and strengthen coordinated global research before future outbreaks occur. A central component of this initiative is the establishment of Collaborative Open Research Consortia (CORCs), which are international research networks focused on specific pathogen families. These consortia connect researchers and institutions to accelerate the development of vaccines, diagnostics, and therapeutics. The initial set of roadmaps cover multiple high-risk pathogen families, such as coronaviruses, and poxviruses, as well as selected bacterial threats such as Cholera and Shigella.

## Poland opens facility to strengthen EU pharmaceutical supply resilience

On 22 April, the API Manufacturing Technology Centre (CeTeAPI) the [opened](#) in Warsaw, claiming a strategic step towards enhancing pharmaceutical security. By combining research and manufacturing, the hub aims to reduce Europe's dependence on active pharmaceutical ingredients (APIs) imported from Asia, which currently dominate global supply chains. The facility prioritises critical medicines prone to supply disruptions, in line with the EU Critical Medicines Act's focus on domestic generics and essential drug production. This development aims to advance diversification strategies amid recent shortages.

## Professional Practice

## JA HEROES on health workforce planning releases new policy briefs

The JA HEROES on health workforce planning, supported under the EU4Health programme, has released new policy [briefs](#) exploring the interplay of care models and the health workforce, namely how strategic workforce planning can drive more innovative and sustainable models of care. The briefs include implementing innovative care models, aligning health workforce forecast and planning, and moving towards a resilient healthcare workforce. CPME was an associated partner.

## MONITORING

## Digital Health

### WHO releases comprehensive report on AI integration in healthcare

On 20 April, WHO Europe released a [report](#) presenting the first comprehensive assessment of AI integration across all 27 EU Member States, utilising data collected between June 2024 and March 2025. The report indicates unanimous prioritisation of improved patient care and widespread deployment in clinical settings. Findings indicate that 74% of Member States already use AI-assisted diagnostics for imaging, disease detection, and decision-making, alongside 63% employing chatbots for patient engagement. The report stresses the need for accelerated workforce AI training and education, stakeholder involvement in governance, and alignment with ethical frameworks to address gaps in safeguards and public trust.

### Council of Europe handbook on Human Rights and AI use

On 15 April, the Council of Europe Steering Committee for Human Rights released a [handbook](#) on human rights and artificial intelligence, providing clear definitions of AI and sector-specific use cases and risks. The report lists diagnostics, personalised medicine, virtual health assistance, telemedicine, robotic surgery, process management, product development and mental support as areas where AI may be utilized in the healthcare sector. Relevant human rights concerns include data protection, discrimination and equitable access, and informed consent. On 27 March, the OECD also released a [report](#) assessing member states' work on AI in health and offering a checklist for government action.

### Report on deceptive health advertising infrastructure on Meta & Google

On 15 April, Reset Tech released a [report](#) illustrating how companies, including some located outside of the EU, advertise products in Europe using false health claims, and in 20% of cases promote potentially dangerous products. The report found that over 350 000 adverts analysed often did not comply with Meta or Google's internal policies, and that the platforms' case-by-case approach to review adverts systematically failed to address the issue. This is considered a potential violation to Articles 34 and 35 of the EU's Digital Services Act (DSA) according to the report.

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