



## Dear colleagues

This edition follows our Board meeting held online on 12 February when the Board approved Feedback on the Digital Omnibus Package. In particular, we took note of the rapid developments on AI, which prompted us to publish a [press release](#) highlighting our concern that essential safeguards included in the AI Act are in danger of being removed, such as human oversight on high-risk AI systems used in medical devices.

The Board also discussed preparations for the upcoming General Assembly in Dublin from 20 to 21 March, and we look forward to meeting delegations from across Europe to address a rich range of topics on the agenda.

We welcome you to read all this and more in this month's edition.

**Dr Ole Johan Bakke**

CPME President



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## Financial Affairs

### Draft accounts 2025

- ▶ The Board reviewed the final draft accounts.

The Treasurer presented the result which is a surplus of 120 967 EUR. He explained that around a third of the surplus derives from additional income which was not budgeted for. In addition, several budget lines are underspent. Lastly, it was also highlighted that continued efforts are made to save. It was discussed that the surplus will be considered for the 2027 budget.

## Internal Affairs

### General Assembly

- ▶ The Board reviewed the draft agenda. It was agreed to arrange the agenda to allow for sufficient time to process amendments to the policies following Friday's sessions.

The Board also confirmed that the EMOs will be invited to a dedicated panel to reflect on the topic of retention, as input to the CPME policy discussion on this topic.

## Policies

### Feedback on the Digital Omnibus Package

- ▶ The Board revised and approved the draft feedback and agreed that it should be used ahead of the adoption of the CPME proposed amendments, since it allows for early input into the negotiations which were already underway in the European Parliament and Council.

The Board was informed that the draft feedback had been prepared and discussed with the WG Digital Health at the online meeting on 5 February 2026. The draft feedback forms the basis of future CPME work, namely the draft amendments to the Digital Omnibus Package.

### WMA/CIOMS initiative on the Biotech Act

- ▶ The Board agreed to engage with WMA and CIOMS on a joint letter to be approved by the CPME President, the Vice-President responsible for pharmaceuticals and healthcare products, and the Working Group Chair on pharmaceuticals and healthcare products.

### Request to apply to the AI Alliance Platform and the Stakeholders'

#### Catalogue

- ▶ The Board agreed to join the Commission stakeholder groups on AI. The Board took note of the different digital working groups and platforms due to the ending of the eHealth Stakeholders Group by the European Commission.

The Board agreed that CPME applies to the Apply AI Alliance Platform and the Stakeholder's Catalogue represented by the Secretariat. CPME will apply for the European Health Data Space stakeholder forum when the application opens later this year; and will request a specific subgroup on health and AI.

## BOARD OF DIRECTORS MEETING – 12 FEBRUARY 2026

## Skills portability

- ▶ The Board adopted the consultation response and agreed for the Secretariat to follow the additional focus groups contributing to the consultation process.

The Board reviewed the response elaborated by the WG on Professional Practice. It was also proposed to involve the European Network of Medical Competent Authorities (ENMCA) in the focus groups.

## European climate resilience framework

- ▶ The Board discussed the draft CPME response and approved that it can be adopted by President and Rapporteur.

The European Commission is currently developing a new integrated framework for European climate resilience and risk management to help EU Member States prevent and prepare for the growing impacts of climate change. It will consist of a policy package which is expected to be adopted during the second half of 2026. The WG on Public Health had a preliminary discussion on the initiative in Athens in October 2025.

## Biotech Act

- ▶ The Board took note of the draft amendments, which would be consolidated for the General Assembly.

The Board was also informed that there would a WG web-meeting on 23 February to get input from members on both draft amendments for the Biotech Act and the Medical Devices Regulations Revision.

Both draft amendments are intended to be discussed in the policy session and approved by the General Assembly in Dublin.

## BOARD OF DIRECTORS MEETING – 12 FEBRUARY 2026

## Optimisation of healthcare services

- ▶ The Board reviewed the draft policy which has been revised since the preliminary approval at the General Assembly in October, based on input from the WG on Professional Practice. It will be disseminated following its final adoption.

## Health effects of gambling

- ▶ The Board took note of the draft policy which will be discussed in the Public Health policy session with a view to adoption during the General Assembly in March.

## Any other business

Prof. Dr Ray Walley expressed his availability to take part in the policy dialogue on health checks organised by OECD and the European Commission on 26 February. The objective of the dialogue is to exchange international knowledge and best practices to scale up health checks and risk assessments for the prevention and management of cardiovascular disease. The dialogue is linked to the Commission's new EU Cardiovascular Health Plan as a Council recommendation on health checks will be proposed later in 2026.

The Board considered the invitation by FNOMCeO to take joint action on the situation of the health workforce in Iran. It was agreed to highlight the EMOs Statement on Ethical and deontological issues in times of conflict.

The Board agreed to review the invitation to join the BeWell 2.0 project proposal by written procedure.

## **Spring Magazine focuses on pharmaceutical policy reform and the independence of the medical profession under threat**

The [Spring magazine](#) opens with an editorial by CPME Vice President Dr Péter Álmos who concludes that while the revision of the EU's pharmaceutical legislation holds immense potential to create a more agile, patient-centred, and resilient system, its true success, will be decided during the implementation. The article is complemented with a report on our recent event on safeguarding bioethics in the revision of the Clinical Trials Regulation proposed in the EU Biotech Act.

We are honoured to include an interview with Emer Cooke, Executive Director of the European Medicines Agency. Following the extension of her term until April 2027, we discussed EMA's extended mandate, future challenges and the role of healthcare professionals.

The letter from CPME President Dr Ole Johan Bakke outlines that safeguarding the independence of the medical profession is a fundamental necessity for the well-being of patients, public trust, and medical ethics, and lies at the core of our democracies and societies. He invites readers to consider how we can work together as patients, physicians and policy-makers to defend the medical profession. Our special report includes examples from the British Medical Association, French Medical Council, Hungarian Medical Chamber, Turkish Medical Association, and the Israeli Medical Association, illustrated with perspectives from CPME members.

CPME Senior EU Policy Adviser Markus Kujawa explains why the new European plan to prevent cardiovascular diseases may fall short without further effective legislative proposals, and we report on a call for European countries to increase vaccination coverage and tackle misinformation. Finally, we include a summary of the last CPME General Assembly held in Athens, which discussed Greek and European health policy challenges during the centenary year of the Panhellenic Medical Association.

We also include guest contributions from the European Social Insurance Platform (ESIP), the WHO Regional Committee for Europe, and the the i2X project.

Read the full magazine [here](#). Printed copies will be distributed during the General Assembly.

## Calling for credibility of digital regulations in Europe: Feedback to Digital Omnibus Package

European doctors are concerned with several amendments of the Digital Omnibus Package, as they seem to considerably reduce safeguards around personal data use and re-use, in particular when processing health data in AI contexts. Moreover, the current timelines on the proposal for the Digital Omnibus on AI are preventing meaningful scrutiny and commentary:

CPME advises against any amendments which can have a negative impact on the implementation of the European Health Data Space Regulation (EHDS), in particular legal definitions (e.g. definition of personal data and of scientific research) and legal basis (e.g. legitimate interest to process personal data for the purposes of AI training, testing and validation, including special categories of data).

CPME also supports a compromise text in the Digital Omnibus AI:

- reinstating the standard of 'strict necessity' from current Article 10(5) of the AI Act;
- restoring the obligation to register in an EU database a high-risk AI system in Annex III when the provider self-exempts it from being a high-risk;
- maintaining the obligation from providers and deployers to ensure a sufficient level of AI literacy for their staff and persons operating with AI;
- maintaining medical devices (MD) and in vitro medical devices (IVMD) in Section A of Annex I of the AI Act, and apply the requirements for high-risk AI systems set out in Chapter III, Section 2 of the AI Act.

CPME published a [press release](#) on the digital omnibus on AI and the interplay with Medical Devices Regulation, and an [open letter](#) with HOPE (hospitals) calling for a safe, transparent, and accountable AI for Medical Devices and In Vitro Medical Devices

Finally, CPME hopes that appropriate timelines are given by co-legislators when discussing the Digital Omnibus on data. The Digital Omnibus is a complex document and must be considered within relevant EU and national legal contexts.

## **As doctors remember the victims of COVID-19, Europe cannot forget the lessons of the pandemic**

On 20 February, doctors remembered the health professionals who lost their lives in the COVID-19 pandemic in a memorial event in Rome, Italy. The event commemorated the first case of COVID-19 identified in the town of Codogno on 20 February 2020, which marked the beginning of the first large community outbreak in Europe.

CPME President Dr Ole Johan Bakke addressed the event in a video message, saying "Today, we commemorate those colleagues who lost their lives in the COVID-19 pandemic in Italy and everywhere. It is still with sadness that we think of what this meant for their families and friends, but also for the medical profession. We will not forget them. We also remember those colleagues who survived, but continue to be affected by the physical and mental health impact of the pandemic every day.

"To honour their memory, we commit to working towards European health systems, which will build on the lessons learned to protect doctors and patients in future emergencies. We draw hope and strength in the solidarity of the medical community. European doctors stand as one.

"While COVID-19 is still present but has become more manageable, Europe faces new emergencies for which we have to prepare. We see that many of the lessons learned during the pandemic have been quickly forgotten and European preparedness policies are, in many places, not sufficiently robust to offer better protection to doctors, patients and our societies than before the pandemic. CPME continues to support doctors across Europe in building strong structures for preparedness, planning and emergency protocols.

"We underline the importance of European solidarity in facing future emergencies. The Italian medical community generously shared its experience with the rest of Europe during the COVID-19 pandemic, which allowed other countries to prepare and adapt. We saw that we are stronger when working across borders.

## **EU Healthy Air Coalition: No contradiction between clean air efforts and measures on the housing crisis**

The EU Healthy Air Coalition (EUHAC) sent a letter to the European Parliament's special committee on housing ahead of their voting on a report on Housing crisis in the European Union with the aim of proposing solutions for decent, sustainable and affordable housing.

On 9 February, the European Parliament's Housing Committee adopted its final recommendations on the housing crisis in the EU, proposing solutions for decent, sustainable and affordable housing.

CPME and the other members of the EUHAC [advised](#) the Committee to vote against an amendment calling on the revision and simplification on the Ambient Air Quality Directive. As a result, the Directive is not mentioned in the final adopted text. EUHAC continues monitoring the situation as the report will be voted in the plenary in March.

## **25 organisations call for a separate European Parliament Own-Initiative Report on Mental Health**

CPME, together with 25 civil society organisations across health, social inclusion, disability rights, youth and ageing, have urged the European Parliament to maintain a separate report on Mental Health.

Discussions are underway to merge the upcoming mental health report with one on neurological or brain health. Merging them risks narrowing the debate and reducing the visibility of mental health as a cross-cutting societal issue. We therefore call on the European Parliament's Committee on Public Health (SANT) to maintain a standalone report on mental health and build on the progress already made in advancing a comprehensive EU mental health agenda.

## European doctors call to stop violence against healthcare professionals

On the European Awareness Day of Violence Against Doctors and Other Healthcare Professionals, the Standing Committee of European Doctors (CPME) has published a [video message](#) from its President, Dr Ole Johan Bakke, highlighting the urgent need to address violence in healthcare settings across Europe.

Violence against healthcare professionals remains a serious and growing concern across Europe. According to the World Health Organization, one in three doctors and nurses report having experienced bullying or violent threats at work in the past year and healthcare professionals exposed to violence, harassment and bullying report up to double the prevalence of mental health difficulties.

CPME has previously brought the voice of European doctors to the European Parliament to speak out against violence in healthcare through its Doctors' Voice campaign, raising awareness among policymakers of the scale and impact of the problem.

CPME calls for stronger action to prevent violence against healthcare professionals, including:

- Strengthening prevention and awareness programmes
- Ensuring effective reporting systems and support for victims
- Enforcing existing legislation that protects healthcare professionals in the workplace

Violence must never be considered part of the job. Healthcare professionals must be able to provide care in a safe and respectful working environment.

Videos from other EMOs are available on the CEOM [website](#).

## French Senators visited CPME office

On 4 March 2026, CPME met with a delegation of French Senators from the health and European affairs committees to present activities and discuss EU health policy. Vice-President Dr Jacqueline Rossant-Lumbroso chaired the meeting and presented CPME's assessment of the General Pharmaceutical Legislation which was recently adopted, highlighting the continued need to follow the implementation of the transferable exclusivity voucher, the national choice on electronic and paper leaflets, as well as the obligation on companies to file for pricing and reimbursement of medicines in all Member States as a way to improve access across Europe. This last point was also highlighted in relation to CPME's position on the Critical Medicines Act, in particular on rules for strategic projects was underlined, as well as the coordination of stockpiling. The proposals for procurement criteria as well as the opt-in option for joint procurement was also discussed. The impact of low prices on availability was addressed, as was the need to ensure solidarity in stockpiling. The senators welcomed the mention of stockpiling raw materials as a new idea. They also support the complementary provision of paper and electronic leaflets.

The Senators welcomed CPME's views on the Safe Hearts Plan, emphasising that while the proposed action on tobacco is welcomed, the plan lacks more concrete action. The Senators agreed with the need to increase investment in prevention and education of young people.

The Senators also asked about CPME's activities on the workforce and the discussion highlighted the need to increase the time doctors have for individual patients. There was also interest in CPME's impact on health policy, with the successful work on the EHDS being highlighted as a recent example of tangible influence.

Lastly, the discussion also turned to a recent cybersecurity breach in France, due to which thousands of patients' data had been hacked, including doctors' personal notes. The Senators took note of the need to ensure effective protection for this sensitive information, which is for example excluded from the EHR format of the EHDS. It was agreed to provide further information in writing, in particular on the Biotech Act and the revision of the Medical Devices Regulation.

## Excerpt Results of Survey on Medical Confidentiality

CPME has uploaded an [excerpt](#) of the survey results for publication and dissemination. The objective was to understand how countries are responding to the impact of healthcare digitisation, electronic health data sharing and emerging principle of data availability, on medical confidentiality. In addition, the survey raised awareness to the “principle of health professional-patient confidentiality” identified in recital 24 of the European Health Data Space Regulation (EU) 2025/327.

The survey took place during the first half of 2025 and was two-tiered, aimed at both National Medical Associations (NMAs) and European Medical Organisations (EMOs), as well as a complementary anonymous survey for individual doctors.

## Political Outlook

### WHO Europe publishes its priorities 2026–2030

On 11 February, WHO Europe released its [Second European Programme of Work for 2026–2030](#) (EPW2). The plan is divided into 3 parts:

#### 1. The health compass

A shared vision and collective agenda for health in the European Region: its goal is to identify the transformational shifts that countries must make to build a safe and secure Region, address noncommunicable diseases and mental health challenges, promote health and well-being throughout life, tackle the impacts of climate change, leverage data and technology, and strengthen health systems.

#### 2. WHO/Europe's work programme

A focused set of priorities for 2026–2030. Every action is classified: critical, resource contingent or supportive. It comprises 5 priorities:

- a. maximizing health security,
- b. tackling NCDs and shaping health drivers,
- c. living and ageing in good physical and mental health,
- d. driving climate health action, and
- e. shaping future health systems

and 2 special initiatives:

- f. Ensure that the health sector is equipped to respond to the epidemic of violence against women and girls.
- g. Position primary health care as platform for health system transformation.

#### 3. Actions to future-proof WHO/Europe

The organisational shifts needed to ensure WHO/Europe remains trusted, focused, responsive and accountable.

## MONITORING

## Commission asked to explain lack of information about impact of EU4Health budget cuts

On 18 February, the European Ombudswoman, Teresa Anjinho [asked](#) the European Commission to explain why it did not inform civil society organisations in a timely or transparent manner about the effect budget cuts would have on an EU funding programme in the health sector.

In Anjinho's [letter](#) to the Commission, she highlights that budgetary cuts affecting the EU4Health programme were known to the Commission as early as December 2023, however irrespective of this, in October 2024, the Commission signed agreements with NGOs in the health sector without providing any indication as to whether cuts to the EU4Health Programme could affect the provision of such grants. Anjinho has asked the Commission to provide a written response to her assessment by 15 March 2026.

## Council of Europe publishes study on situation of NGOs in Europe

The Expert Council on NGO Law, a body of the Council of Europe, has published a study on "Recent adverse developments for non-governmental organisations in Europe". It shows that the situation for NGOs is generally becoming worse, with the adoption of more "foreign agents" type laws, increased criminalisation of legitimate activities, reductions in the funding available and restrictions on those working in certain fields even having access to such funding. Moreover, it finds that the available legal remedies are, with few exceptions, ineffective in practice in safeguarding civic space.

## MONITORING

## Professional Practice

### Unsafe nurse staffing in European Region can harm patients and drive nurses out of the profession

On 19 February, WHO issued the Region's first-ever [policy brief](#) setting out concrete actions to address the crisis of nurse shortages, rising care demands and escalating burnout. Evidence consistently shows that when there are too few nurses without the right skill set, risks to patients rise, and so do stress, injury and mental ill-health among staff. In 2022, WHO/Europe warned that health-care workforce shortages were a "ticking timebomb", with new Region-wide estimates pointing to an expected shortage of nearly 1 million health workers by 2030. The brief identifies 8 priority policy actions to support effective implementation across Member States:

1. Treat nursing as safety-critical
2. Manage system complexity
3. Build shared, long-term commitment
4. Use smarter data systems
5. Strengthen monitoring and accountability
6. Invest wisely
7. Ensure high-quality education and training
8. Empower nurse leadership

### EU facilitates skills portability for over 185,000 professionals

On 20 February, the Commission released a [report](#) assessing the implementation of the Professional Qualifications Directive. The report confirms that the Directive has effectively facilitated the mobility of professionals within the Single Market, with over 75.68% of professionals assisted under the Directive working within vital sectors such as healthcare and education. While the Directive has helped address skills shortages, the report highlights areas for improvement, including streamlining recognition procedures, broadening automatic recognition, and expanding the use of digital tools to reduce administrative burdens.

## MONITORING

## Public Health

### Parliament calls for continued EU action to fight cancer

On 12 February, the European Parliament approved a [joint resolution](#) urging the European Commission and Member States to maintain policy consistency, secure sufficient funding, and translate commitments into concrete national measures. Parliament also expressed dissatisfaction that the proposed 2028–2034 EU budget does not include a specific health fund and called for an independent EU health programme with its own financial resources.

The resolution stresses the importance of reducing exposure to major cancer risk factors such as tobacco, excessive alcohol intake, air pollution, and hazardous substances including PFAS and endocrine disruptors. It further supports an integrated “exposome” approach to cancer prevention. Cancer remains the EU’s second leading cause of death, with 2.7 million new cases annually, around 40 percent of which could be prevented.

### EU Wine Package and new labelling rules

On 10 February, the European Parliament [agreed](#) new legislation to enhance protection and support for European wine producers. It also clarifies the rules on de-alcoholised wines according to the recommendations of CPME and the other members of the European Health Alliance on Alcohol (EHAA). The term “alcohol-free” accompanied by the expression “0.0%” will be able to be used if the strength of the product does not exceed 0.05% alcohol-by-volume. Products the strength of which is above 0.5% volume but at the same time are already at least 30% lower than the standard alcoholic strength of the category of wine before de-alcoholisation, should be labelled as “alcohol reduced” instead of “low alcohol”. Next, the provisional agreement needs to be approved by the EU Council before the new rules can enter into force.

## MONITORING

## ECDC raises concern regarding ongoing measles transmission in Europe

On 9 February, a [review](#) of the preliminary data for 2025 show a significant drop in the number of reported measles cases across European Union and European Economic Area (EU/EEA) countries compared with 2024. However, these figures are still twice as high than those reported in 2023. To prevent measles outbreaks and protect those particularly vulnerable to measles, at least 95% of the eligible population should be vaccinated with two doses of the measles-containing vaccine, following national recommendations.

## European Biosafety Network publishes whitepaper on closed system waste disposal and airtight sealing of hazardous medicinal products

On 19 January, the EBN published a [white paper](#) examining the critical role of closed-system disposal devices (CSDDs) and airtight sealing in protecting healthcare workers from exposure to Hazardous Medicinal Products (HMPs) during waste handling and disposal. Since February 2024, the revised Carcinogens, Mutagens and Reprotoxic Substances Directive has strengthened employers' obligations to prevent exposure to hazardous medicinal products across their entire lifecycle, including waste handling and disposal. The white paper was developed in response to growing concern that compliance efforts have focused heavily on drug preparation and administration, while waste handling has been overlooked.

## European Region to remain worst globally on tobacco use by 2030

On 26 February, WHO Europe [confirmed](#) that the region continues to perform worse compared to other parts of the world. Europe has the second highest prevalence of tobacco users globally, with 31 million users. Women remain a group of particular concern, with tobacco use having declined by only 12% since 2010, still far below the 30% reduction target set for 2025. Among adolescents, the trend of tobacco use is particularly concerning with girls between the ages of 13 and 15 having the highest prevalence rate across age groups globally. The report identifies several policy priorities including strengthening public smoking bans, expanding publicly funded cessation services, enforcing tobacco advertising prohibitions and banning flavoured e-cigarettes.

## MONITORING

## Pharmaceuticals & Healthcare

### EMA publishes its Guiding principles for AI practice in medicine development

On 14 January, ten principles regarding AI use in the product life cycle of pharmaceuticals were jointly [published](#) by EMA and FDA; while they are non-binding, their application can guide best practices when informing development and regulatory governance.

The principles emphasise transparency, safety and appropriate applicability.

- Applicability is enabled through clear context of use, simple language that aids in achieving clear comprehension and the adoption of best practises within design
- Safety is emphasised through risk-based performance assessments, compliance with relevant standards, human-centred design and the use of quality assurance systems
- Similarly, transparency is safeguarded through comprehensive documentation and appropriate governance of data

### 3 354 individuals prosecuted in Europol-coordinated hit against pharmaceutical crime networks

On 25 February, Europol published an [article](#) explaining a recent large-scale operation led with OLAF, EUIPO, Frontex, Interpol, WADA and national medicine agencies. Between April and November 2025, law enforcement, judicial, customs, medical and anti-doping authorities from 30 countries joined forces in Operation SHIELD VI. The operation focused on counterfeit and falsified medicines, the trafficking of anabolic-androgenic steroids and other doping substances, illegal food and sport supplements, and counterfeit sanitary products and medical devices.

## MONITORING

## Digital Health

### The Commission adopts an Action Plan against cyberbullying to protect children online

On 10 February, the European Commission released its [action plan](#) to fight cyberbullying and protecting children online. The Action Plan Against Cyberbullying focuses on 3 pillars:

- A coordinated EU approach to protection
- Prevention and awareness
- Reporting and support

### MEPs question the Commission over risks of misinformation in the age of digital information sharing and online influencers

On 26 February, the Executive Vice President, Henna Virkkunen, responded on behalf of the European Commission to [written question](#) by MEP Eleonora Meleti regarding the reliability of the educational content and advice shared by influencers in digital spaces. Meleti discusses the rise of unverified information from influencers on social media platforms, particularly relating to certain areas including health, leading to misinformation risks. In their response, the Commission outlines responsibilities of platforms under the Digital Services Act, referencing the Audiovisual Media Services Directive, Digital Fairness Act and Guidelines on the protection of minors. Furthermore, they point to the EU Influencer Legal Hub.

### LLMs are susceptible to accept and share medical misinformation across clinical notes and social media

On 10 February, the Lancet Digital Health published a study warning that AI chatbots can replicate medical misinformation. Leading large language models (LLMs), including ChatGPT and other major AI systems, can reproduce false medical claims when these are presented in credible language, according to a study published in The Lancet Digital Health.

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