



Dear colleagues

This edition follows our General Assembly held in Athens on 24–25 October, and kindly hosted by the Panhellenic Medical Association. We thank all the members and guests who attended, and for the valuable contributions of every participant that helped make the meeting a success.

We thank our Greek colleagues for sharing their health policy challenges, and we echo the [message](#) of the Deputy Minister of Health that we must work together to create a universal and sustainable health system built upon European solidarity. In this regard, a policy was adopted on the optimisation of healthcare service delivery. A busy agenda also adopted feedback on the proposed EU Biotech Act and tobacco taxation.

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

Dr Ole Johan Bakke

CPME President



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BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025

Internal Affairs

Amendments to Rules of Procedure

- ▶ The Board approved the draft amendments to the Rules of Procedure as reviewed by the legal advisers. The draft will be presented to the GA for decision.

CPME meetings

- ▶ The Board reviewed the agenda for the upcoming meetings. The Vice-Presidents discussed the planning of policy sessions including participation.

EMOs at CPME meetings

- ▶ The Board took note of the recent discussion concerning the option of new formats of involving the EMOs at general assemblies.

CEOM statement on medicine for peace

- ▶ The Board approved the endorsement of the CEOM statement. OJB explained that the statement was prepared i.a. by the president of the Portuguese Medical Association and adopted at the recent CEOM meeting and circulated to the EMOs for endorsement.

BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025

General Assembly

- ▶ The Board approved to move ahead with the planning for a joint conference with WMA.

The Secretariat proposed to a joint conference with WMA, to put a focus on ethics ahead of the forthcoming negotiations towards an EU Biotech Act, which plans to evaluate EU rules for pre-clinical and clinical testing of biotech products. This proposed joint CPME/WMA event would be scheduled for 14 January 2026, before the January Board meeting. The Board discussed the possible reference also to ongoing revision of the Declaration of Taipei. The secretariat will liaise with WMA for the logistics and content.

Joint CPME–EJD webinar on health workforce

- ▶ The Board agreed for CPME to co-host a webinar with EJD on the topic of the health workforce crisis on 26 November 2025. The event is intended to present the outcomes of the recent surveys carried out by both organisation to a broader policy audience and inform i.a. the current negotiations in the European Parliament on the topic.

Media request on cross-border alert mechanism

- ▶ The Board agreed that the Secretariat prepares a draft response based on previous policies and the feedback from the President, Board, rapporteur and members. The Board discussed the request from the Organized Crime and Corruption Reporting Project (OCCRP) and provided perspectives from the national media reports on doctors having lost their licence to practice who continue to work in another country.

BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025

Financial affairs

Draft budget 2026

- ▶ The Board approved the draft budget 2026 and draft contribution key, and agreed for it to be forwarded to the GA for decision. The Treasurer confirmed that it represents a balanced budget in line with previous commitments which will also be set out to the GA.

Draft 2025 Accounts

- ▶ The Board took note of the draft accounts. The Treasurer confirmed that expenditure was progressing as planned. Certain items will be shifted between budget lines.

Politico contract subscription

- ▶ The Board approved the two-year contract for the Politico subscription. The Board took note that an evaluation of all health policy information services had confirmed that the Politico subscription remains the most useful in terms of content. Politico also gives visibility to CPME policies in the daily newsletters and involved CPME in events, which may possibly also be facilitated by the subscriber status.

BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025

Policies

Healthcare Without Harm request on pharmaceutical legislation

- ▶ The Board decided to decline the invitation, in absence of a position in favour of the article 207a on redispensing as proposed by the Council on the pharmaceutical legislation. This follows the WG understanding that this is feasible in the hospital setting, but the concerns in the community pharmacies on feasibility, liability and safety terms are reasonable. The focus should be in better dispensing policies, with unit-per dose dispensing systems in both hospital and pharmacy settings.

EMA Reflection paper on the use of external controls for evidence generation in regulatory decision-making

- ▶ The Board adopted the draft response to highlight the concerns for CPME in relation to the future Biotech Act. The Board agreed to provide a general comment in line with the WMA Declaration of Helsinki.

Regulation on the transparency and targeting of political advertising

- ▶ The Board agreed to write a letter to the European Commission clarifying the application of the regulation for national medical associations' communications. The new legislation was flagged as having potential limiting effect on health-related communication based on national government's interpretation.

EMA Concept paper on the assessment of public health risks related to antimicrobial resistance acquired via the environment, resulting from the use of a veterinary medicinal product

- ▶ The Board adopted the draft response. AMR is a policy priority for CPME and the Board agreed on reiterating European doctors concerns on EMA's recommendation against reserving four out of five highest-priority Critically Important Antibiotics for use in human medicine.

BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025**Joint statement on EU4Health programme in EU budget**

- ▶ The Board decided to endorse a Joint EPSU-EFN statement on protecting EU4Health.

Healthcare chain initiative (HCI)

- ▶ The Board decided to decline further engagement on this initiative, as the scope looks beyond supply chain issues and is seeking to adopt a joint position on topics where there are opposing points of view, in particular between industry and non-industry stakeholders, such as electronic patient information.

European Commission call for evidence on Union prevention, preparedness and response plan for health crises

- ▶ The Board agreed with the draft response, and added that upscaling existing resources should also be considered. It was highlighted that simulation and live-play exercises with other frontline emergency services must be put in place and adequately resourced.

Optimisation of healthcare services

- ▶ The Board took note of the draft policy on the optimisation of healthcare services. It was suggested to change the wording to better reflect the involvement of health professional representative organisations in designing reforms centered around transfer of tasks.

Questionnaire on the Biotech Act

- ▶ The Board took note of the draft response and on the question on what actions should be taken at EU level are necessary to enhance the deployment of AI-based biotechnology products in the EU. The British Medical Association requested the inclusion of a reference i.a. to public trust, via transparency.

BOARD OF DIRECTORS MEETING – 23 OCTOBER 2025

European Commission proposal for a Council Directive on the EU Tobacco Taxation Directive

- ▶ The Board took note of the draft CPME feedback to the European Commission proposal for a Council Directive on the structure and rates of excise duty applied to tobacco and tobacco related products. The Royal Dutch Medical Association had provided feedback ahead of the meeting of the WG on Public Health.

WHO/Europe Strategic Partners' Initiative for Data and Digital Health (SPI-DDH) Letter of expression of interest

- ▶ The Board agreed to join a group letter expressing interest in extending the initiative of the WHO SPI-DDH Working Group 4 to a second cohort.

The extension of the WG activities would allow exploring pathways for designing, piloting, and implementing the "AI Blueprint for Health and Care Workforce Resilience: Addressing Mental Health through a Data-Driven, Digital Lens, A Public-Private Partnership to Tackle Burnout and Strengthen Operational Efficiency in Healthcare" and to further advance data-driven and digital solutions to strengthen workforce wellbeing and system sustainability across the European region.

European Parliament Amendments on Health Workforce

- ▶ The Board reviewed CPME's proposed amendments for the European Parliament own-initiative report on an EU health workforce crisis plan. The suggestions proposed by the French Medical Council were approved and the Board decided to adopt the amendments.

Draft Directive on combating the sexual abuse and sexual exploitation of children and child sexual abuse material

- ▶ The Board agreed to resend a letter to the Council due to the current trilogue negotiations, repeating the question on differing national legislation will be taken into account.

FEATURE



CPME President, Dr Ole Johan Bakke, with President of the Panhellenic Medical Association, Dr Athanasios Exadaktylos

CPME General Assembly discussed Greek and European health policy challenges, emphasising the need to invest in the health workforce

The General Assembly of the Standing Committee of European Doctors (CPME) met in Athens from 24–25 October to discuss the health policy agenda, both in Greece and Europe as a whole, and concluded that policy-makers must invest in staffing, training, and medical expertise in response to growing workforce and efficiency pressures.

The meeting kicked off with a video message from Dr Dimitrios Vartzopoulos (Deputy Minister of Health of Greece), who said “The challenges we face are not confined by national borders. They are systemic challenges to the European social states themselves. We stand at a critical junction defined by complex and interactive threats for collective well-being, demographic, age and mobility.”

“In Europe, we have a unique opportunity to transform a chronic problem into a model of effective social policy by creating a model universal and sustainable system built upon the unshakeable principles of dignity, social justice in European solidarity.”

FEATURE

These challenges were illustrated in short videos recorded by Greek doctors, who shared personal and powerful experiences from the frontline of Europe's health workforce crisis as part of CPME's #DoctorsVoice [campaign](#).

The testimonies highlight excessive working hours, understaffing, financial challenges, exhaustion and effects on mental health, including burnout. The doctors highlighted that the working conditions affect their well-being and personal relationships, and urged policymakers to listen to their voices and provide "protection and respect".

The pressures on health professionals' mental health was underlined by Dr Tomas Zapata of the WHO Regional Office for Europe, who presented sobering results on the Mental Health of Nurses and Doctors in EU, Norway and Iceland survey. He reported that 1 in 3 doctors and nurses report depression, five times higher than the general population, and 1 in 10 experience passive suicidal thoughts. The survey is the largest of its kind in the European region, and CPME was engaged throughout its development and dissemination.

CPME has also carried out a complementary survey on national policies in support of doctors' mental noting a relative lack of data on doctors' mental health and wide variety of support services.

These discussions led into one of the main outcomes of the meetings, a policy on the Optimisation of Healthcare Service Delivery, which aims to guide reforms in response to growing workforce and efficiency pressures.

The meeting also included rich discussions in other policy areas. The General Assembly adopted a response to the European Commission questionnaire on the future Biotech Act, stressing the need to maintain high standards on clinical trials and ensure effective implementation of the Clinical Trials Regulation. The emphasis is on ethical considerations, aligning with the WMA Declaration of Helsinki and Declaration of Taipei.

FEATURE



Additionally, a response to a consultation on the proposal for a Council Directive on tobacco taxation was adopted. CPME supports the Commission's proposal to increase the minimum tax and extend the scope of the Directive to new tobacco and nicotine products. The response also highlights the need to counteract the tobacco and nicotine industry tactics to interfere in policy-making.

In the digital health session, the European Union Agency for Cybersecurity (ENISA) shared an update on the EU Action Plan for the cybersecurity of hospitals and healthcare providers. Furthermore, Dr Haralampos Karanikas (University of Thessaly) presented the i2X project, which will connect electronic health record systems across Europe. CPME is a partner in the project and our position on implementing a user-friendly and intuitive electronic health record has been a key input in developing an upcoming survey on health data collection needs.

Participants finalised the meetings with a tour of the Acropolis museum kindly provided by our generous hosts from the Panhellenic Medical Association. It was an ideal backdrop to reflect on the birth of democracy and how to continue collaboration between European doctors before we meet again in Dublin in March.

An updated folder of photos is available [here](#).

The EU has an opportunity to restore the balance in the pharmaceutical sector: let's not miss it

As the revision of the EU's General Pharmaceutical legislation enters the final negotiations between the EU institutions, European doctors [reaffirmed](#) that the EU cannot miss the opportunity to rebalance the pharmaceutical sector for the benefit of patients and healthcare systems.

- On the development of novel antimicrobials, European doctors agree that a new market model is needed but have strong reservations about the proposed transfer exclusivity extension voucher,
- CPME reiterated that electronic product information (ePI) should never replace the paper version included in medicine packets, should not compromise patient privacy and that third-party links must not store personal information.
- Finally, CPME stressed that the Council's new proposal on redispensing of medications raises serious concerns on feasibility, liability and safety of such practices. CPME stresses that the focus should be rather on better dispensing policies, with unit-per dose dispensing systems in both hospital and community pharmacy settings.

Greek doctors share their personal experiences of the European health workforce crisis

Doctors from across Greece [have shared](#) personal and powerful snapshots from the frontline of Europe's health workforce crisis in short videos published during the CPME General Assembly.

The testimonies highlight excessive working hours, understaffing, financial challenges, exhaustion and effects on mental health, including burnout. The doctors highlighted that the working conditions affect their well-being and personal relationships, and urged policymakers to listen to their voices and provide "protection and respect"

Feedback on the revision of the EU Tobacco Taxation Directive

The CPME General Assembly [adopted](#) a response to the European Commission's consultation on their proposal for a Council Directive on the structure and rates of excise duty applied to tobacco and tobacco related products. CPME supports the Commission proposal to increase the minimum tax and extend the scope of the Directive to new tobacco and nicotine products. It also highlights counteracting the tobacco and nicotine industry tactics to interfere in policy-making.

CPME agrees with the Commission that increasing minimum EU tax rates is urgently needed to align with Europe's Beating Cancer Plan's 2040 goal of a tobacco-free Europe. The effect of increasing minimum EU tax rates is particularly pronounced among young people as they are the most price-sensitive demographic for the use of tobacco and nicotine products. Moreover, cross-border shopping for these products is a problem, where price differences exist, and can be disincentivised by harmonising the costs among EU Member States.

It is crucial that the scope of the Directive is extended to new tobacco and nicotine products (e.g. e-cigarettes, heated tobacco, nicotine pouches, and nicotine synthetic analogues) which are currently taxed in different ways and at different rates depending on the EU Member State. Since the latest update to the Directive, a new generation of nicotine products has emerged, often marketed as 'less harmful' or 'reduced risk' alternatives to cigarettes. These products have increasing popularity, especially among young people.

The industry designs products, implements marketing campaigns and works to shape policy environments to make them addictive particularly focusing on young people. It is exploiting EU laws to prevent the implementation of health measures at the EU level, thus facilitating a prioritisation of commercial interests over public health. Meetings between tobacco lobbyists and MEPs have intensified since the publication of the Commission proposal as the industry is trying to secure exemptions from the regulations for alternative nicotine products. In the process of updating the EU Tobacco Taxation Directive, the European Commission must invest more efforts to adhere strictly to international commitments to protect these policies from commercial and other vested interests.

Survey results on medical confidentiality

The [results](#) of the survey on medical confidentiality carried out earlier this year confirm the central importance of medical confidentiality in healthcare, which is seen to protect patient's privacy, ensure trust in the healthcare system and protect patient's health. Concerns were raised regarding the use of electronic health records (EHRs), with an urgent need to protect confidential data from undue access by other healthcare professionals, non-medical employers or even patients' family members. The survey identified that the disclosure of patient data mostly follows a patient's voluntary consent, a legal obligation or legal authorisation for voluntary disclosure. In cases of questions from doctors on derogations or conflicts with medical confidentiality, NMAs provide advice, though few provide information through their website.

Overall, the crucial importance of robust technological safeguards and cybersecurity to protect patient data was underlined repeatedly, where secure channels for transmitting medical information are still insufficient. Operational aspects and the patient's role and transparency in the patient-doctor relationship were areas identified as having a positive impact in safeguarding medical confidentiality in EHRs. The survey results will be further considered as input to the European Health Data Space Regulation implementation process.

Feedback on the Biotech Act

CPME adopted a [response](#) to the European Commission questionnaire on the future Biotech Act to stress the need to maintain high standards on clinical trials and ensure effective implementation of the Clinical Trials Regulation.

The emphasis is on ethical considerations including in early-stage or pre-clinical development and in pre-commercial testing or clinical trials, and to align with the WMA Declaration of Helsinki and Declaration of Taipei. CPME underlines the need to respect Member States competences. We also urge the European Commission to ensure that any financial support to the biotechnology sector goes hand in hand with more transparency in the pharmaceutical sector.

CPME NEWS



CPME President, Dr Ole Johan Bakke, with WHO/Europe Regional Director Hans Kluge

WHO Regional Committee for Europe in Copenhagen

The CPME President and Secretary General attended the annual Regional Committee of WHO/Europe in Copenhagen. In light of funding cuts which entail a 20% decrease in resources and staff, the Regional Director Hans Kluge presented the new structure of the WHO/European region's operations under the motto 'different with less'. The priority areas of Prevention and Health Promotion, Health Systems, Health Security, as well as Programme Management and Business Operations are supported by special initiatives on Primary Healthcare as a cross-cutting issue, and action to address violence against women and girls. The office in Brussels and the European Observatory will remain. Member States seemed supportive of the plans, but also underlined the need to identify essential activities as opposed to merely useful ones. There was a consensus to put the focus back on scientific evidence-based action as a defining characteristic of the region. On 30 October, the Member [adopted](#) the second European Programme of Work 2026–2030.

The meetings were opened with a special session for non-state actors which scoped a forthcoming strategy on Healthy Ageing. Non-state actors were also encouraged to seek greater collaboration and partnership with WHO/Europe. In this context, the European Health Alliance on Alcohol, which is currently co-chaired by the European Association for the Study of the Liver and WHO/Europe, presented a statement which CPME supported. CPME further endorsed a statement initiated by EMSA and co-signed i.a. by EJD on calling for action on doctors' mental health following the WHO/Europe study data published recently. CPME also met with the programme manager on the study to discuss next steps on health workforce policy, as well as the technical officer of WHO/Europe's action on digital health and the coordinators of the Novel Medicines Platform.

European Health Alliance on Alcohol statement for the Breast Cancer Awareness Month

On 27 October, for the end of the Breast Cancer Awareness Month 2025, CPME and the other members of the European Health Alliance on Alcohol (EHAA) called on the European Union to take decisive action against the ongoing threat of alcohol consumption as a cause of breast cancer.

Our coalition of health experts and organisations working to reduce the burden of alcohol-related harm across Europe urges EU policy-makers to introduce mandatory health warnings on alcoholic beverages. These warnings are essential to better inform European citizens about the proven link between alcohol and cancer.

Alcohol is a known carcinogen and decades of robust science clearly link consumption to at least 7 types of cancer, including breast cancer. Across the EU, alcohol consumption is estimated to cause 239,530 annual deaths, making it a major yet preventable driver of disease and mortality.

Joint letter for ambitious EU climate action to prevent disease, strengthen preparedness and reduce health cost

On 14 October, CPME, together with 14 other organisations, sent a letter ahead of next European Council on 22–23 October 2025, where the EU's climate ambition beyond 2030 was considered. The letter highlighted key initiatives to be taken to support EU actions for climate :

- Set an ambitious EU mitigation target for 2040,
- Avoid outsourcing pollution via carbon offsets and focus on verifiable domestic emission reductions .
- Phase-out all direct and indirect fossil fuels in the energy sector.

CPME NEWS



Mr Rudolf Reibel (German Medical Association) and Dr Patrick Sammut (Medical Association of Malta) received the certificate on behalf of our colleagues (on the left). Dr Tina Crafoord receives her certificate (on the right).

CPME thanks delegates who participated in their final meetings

On 25 October, the Board of Directors and Secretariat expressed gratitude to delegates who participated in their final meetings. CPME President Dr Ole Johan Bakke thanked to the delegates, Dr John-Paul Tabone from the Medical Association of Malta, Dr Tina Crafoord from the Swedish Medical Association for their long-standing commitment and contributions over the years and Dr Alexander Jäkel of his dedicated service and support to CPME as Working Group Chairperson for Digital Health and active member of the German Medical Association.



CPME-EJD Joint Webinar

‘Charting a European Response to the Health Workforce Crisis: Lessons from the Medical Profession’

November 26, 12:00-13:30 (Brussels Time)

The webinar will bring together doctors, researchers, and policymakers to explore how Europe can strengthen and sustain its health workforce. It will examine how structural pressures, early-career challenges, and long working hours impact the retention of doctors and equitable access to care. The agenda will be shared shortly.

You can register for the webinar using the following link:

<https://us06web.zoom.us/meeting/register/tBDysPobSxy-YYdznqLJbg>

MONITORING

Professional Practice

The SANT Committee presented an EU health workforce crisis plan

On 23 October, the European Parliament's SANT Committee held a joint meeting in collaboration with the EMPL Committee to discuss [a draft report](#) addressing "the strategy of coordination between EU and national actions to address the multifaceted and urgent EU health-workforce crisis".

The report is based on 6 pillars:

- Employment, working conditions and mental health
- Tackling inequalities in access
- Procurement, mobility and training
- Digital Transformation and service of people
- Funding and planning
- Ethical and sustainable work models

The meeting concluded with broad agreement on the urgent need for coordinated EU action to tackle staff shortages, retention, and training, though views diverged on the balance between EU and national responsibilities. Participants shared strong cross-party consensus on improving working conditions, ensuring fair mobility, investing in digital tools and mental health, and supporting underserved regions. CPME has proposed amendments to highlight key points on task-shifting.

Pharmaceuticals & Healthcare

Slovenia pushes for mandatory drug launches in EU pharma package

On 8 October, Politico Pro released an article on the Slovenian government's decision to become even more involved in pharmaceutical issues. Many issues have been addressed in this discussion with Valentina Prevolnik Rupel, Health Minister of Slovenia: "The country wants mandatory measures to force companies to launch new drugs in EU countries. For smaller countries like Slovenia — with a population of just 2 million people — mandatory market launch rules, as opposed to incentives, are needed to make drugmakers quickly bring their medicines to less profitable markets". Slovenia also backs joint procurement especially for medical devices, to address disparities across the bloc. Smaller countries have less production which leads to higher prices, as medical devices get sold through intermediaries. CPME supports the obligation to file for pricing and reimbursement in all countries.

EMA confirms suspension of sickle cell disease medicine Oxbryta

On 17 October, EMA's human medicines committee (CHMP) recommended keeping the marketing authorisation of Oxbryta, a medicine for sickle cell disease, suspended. The CHMP concluded that the benefits of the medicine no longer outweigh its risks. The review was started after data showed a higher number of deaths with Oxbryta than with placebo in one clinical trial and a higher-than-anticipated number of deaths in another trial.

MONITORING

Public Health

WHO tobacco trends report: 1 in 5 adults still addicted to tobacco

On 6 October, WHO [published](#) a global tobacco report highlighting that 1 in 5 adults is addicted to tobacco. While number of tobacco users has dropped from 1.38 billion in 2000 to 1.2 billion in 2024 the global number of e-cigarette use is alarming, more than 100 million people worldwide are vaping. According to the data, the European Region has the highest prevalence globally, with 24.1% of adults using tobacco in 2024, and women in Europe are having the highest global prevalence at 17.4%.

Global antibiotic resistance surveillance report 2025

On 13 October, WHO [released](#) its report on global AMR surveillance through its Global Antimicrobial Resistance and Use Surveillance System (GLASS). This system supports countries in building national surveillance systems and generating standardised data to guide public health action.

The newly released report highlights:

- Bacterial AMR killed 1.27 million people in 2019 and contributed to another 4.95 million deaths worldwide.
- Over five years (from 2018 to 2023) antibiotic resistance rose in over 40% of the monitored antibiotics with an average annual rise of 5% to 15%
- The median level of antibiotic resistance in Europe was 10.2%, the second-lowest rate of any region and below the global average of 17.2%.
- The greatest threat comes from gram-negative bacteria, which include *E. coli* and *K. pneumoniae*, and are among the most severe bacterial infections. More than 40% of *E. coli* and 55% of *K. pneumoniae* globally are resistant to the first-choice treatment, the report found.

MONITORING

11 million lives lost each year: urgent action needed on neurological care

On 14 October, WHO released a Global status report on neurology. This report highlights key findings:

- neurological conditions now affect more than 40% of the global population (>3 billion people)
- But only 53% of WHO Member States (102 countries out of 194) contributed to this report – an indicator of the limited attention given to neurology
- Just 32% of Member States (63 countries) have a national policy addressing neurological disorders and only 18% (34 countries) report having dedicated funding to address them.

World Polio Day: vaccination remains key to keeping Europe polio free

- On 24 October, WHO marked World Polio Day, highlighting global efforts and progress towards eradicating poliomyelitis (polio), with cases reduced by over 99% since 1988 through the Global Polio Eradication Initiative.
- The WHO European Region has been polio-free since 2002, however there is declining vaccination coverage in 2024, and detections of variant polioviruses in wastewater in several countries that underscore ongoing challenges.
- A variant poliovirus type 1 has been detected in the environment in Israel while, variant poliovirus type 2, has been detected in the wastewater in Finland, Israel, Poland, Spain and the United Kingdom (since September 2024) and most recently in Germany (September 2025).
- Additionally, the WHO announced that Ukraine has achieved WHO accreditation for two national laboratories capable of conducting poliovirus intratypic differentiation, this will reduce the time for testing from weeks to days and enable faster outbreak responses.

MONITORING

Digital Health

Commission launches two strategies to speed up AI uptake in European industry and science : Apply AI Strategy and AI in Science Strategy

On 8 October, the Commission launched [The Apply AI Strategy](#), which aims to harness AI's transformative potential by driving adoption of AI across strategic and public sectors including healthcare, pharmaceuticals, energy, mobility, manufacturing, construction, agri-food, defence, communications and culture. To boost AI adoption and support these measures, the Commission is mobilising around €1 billion. Alongside Apply AI, the AI in Science Strategy positions the EU as a hub for AI-driven scientific innovation. At its centre is RAISE – the Resource for AI Science in Europe, a virtual European institute to pool and coordinate AI resources for developing AI and applying it in science:

- Excellence and talent: measures to attract global scientific talent and highly skilled professionals to 'Choose Europe'. This includes €58 million under the RAISE pilot for Networks of Excellence and Doctoral Networks to train, retain and attract the best AI and scientific talent.
- Compute: €600 million from Horizon Europe to enhance and expand access to computational power for science
- Research funding aims to double Horizon Europe's annual investments in AI to over €3 billion, including doubling funding for AI in science.
- Data: support for scientists to identify strategic data gaps and gather, curate and integrate the datasets needed for AI in science.

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