



Dr Ole Johan Bakke addressing the German Medical Assembly

## Dear colleagues

This edition follows our online Board meeting on 15 May 2025, when the Board approved a survey to national medical associations on safe staffing levels (see page 6). This month, CPME also published a joint statement on the health workforce cosigned with nurses and community pharmacists (see page 6)

On 28 May, I addressed the German Medical Assembly in Leipzig, where I highlighted that it has become ever more essential to make a positive case for European cooperation. CPME's members are its lifeblood. It is your expertise, credibility and dedication which allows our organisation to thrive. We therefore look ahead to a busy agenda of policy action which will define our health systems and our profession in the decades to come.

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

**Dr Ole Johan Bakke**

CPME President



**TABLE OF CONTENTS**

**Board of Directors meeting – 15 May 2025**

- ▶ Policies 3

**CPME News**

- ▶ Survey on safe staffing levels open until 30 June 6
- ▶ Organisations representing 5 million doctors, nurses and community pharmacists urgently call for concrete EU action on healthcare workforce 6
- ▶ European Health Alliance on Alcohol launched to reduce the unsustainable toll of alcohol harms in Europe 7
- ▶ European doctors and veterinarians highlight common challenges on mental health and well-being 7
- ▶ CPME contributes to MEP Tilly Metz’s stakeholder consultation on the health workforce 8
- ▶ CPME contributes to European Consumer Organisation’s (BEUC) health expert meeting 9

**Monitoring**

- ▶ Political Outlook 10
- ▶ Public Health 11
- ▶ Pharmaceuticals & Healthcare 13
- ▶ Professional Practice 14
- ▶ Digital Health 15

## Policies

### Mental Health Policy Hub

- ▶ The Board decided to join the new Mental Health Policy Hub established by Mental Health Europe (MHE).

The Policy Hub allows European organisations to come together to advocate for a coherent and integrated plan to safeguard and promote the mental well-being of European citizens.

### Event invitation from European Medical Association (EMA)

- ▶ The Board decided to decline the invitation from the European Medical Association (EMA) to collaborate on their potential event on the operational strategies how to train medical students and young medical doctors on environmental determinants of health.

### European Parliament own initiative report on Health Workforce

- ▶ The Board approved the input to the upcoming European Parliament own initiative report on the health workforce as amended.

The Board advised to include a reference to avoiding coercive measures or financial sanctions to address geographical imbalances.

### Safe staffing levels

- ▶ The Board approved disseminating the NMA survey on safe staffing levels to CPME membership (see page 6).

**BOARD OF DIRECTORS MEETING – 15 MAY 2025****EMA ‘Reflection paper on linking to electronic product information (ePI) from EU medicine packages’**

- ▶ The Board approved the draft response to the public consultation.

**Call for applications for Health Cybersecurity advisory board**

- ▶ The Board agreed to support the candidacy of the CPME rapporteur on interoperability Prof. Dr. Georgios Raptis to represent CPME in the new Commission Advisory Board.

**Targeted consultation on the cybersecurity of hospitals and healthcare providers**

- ▶ The Board agreed with the draft response proposed by the WG, requesting to add the shared use of computers as an additional challenge.

**FEMS survey on shaping the future of doctors' health**

- ▶ The Board decided to disseminate the FEMS survey through the bulletin and social media (see page 14).

**European Specialist Nurses Organisation (ESNO) event**

- ▶ The Board decided to decline ESNO's invitation to co-host an event on health workforce on 4 November.

## BOARD OF DIRECTORS MEETING – 15 MAY 2025

## European Commission call for evidence on the Strategy to support medical countermeasures against public health threats

- ▶ The Board took note of the submitted response to this consultation which was approved via written procedure on 8 May 2025.

## Invitation to CPME to join EU Food Policy Coalition

- ▶ The Board decided to join a new taskforce on food environments within the EU Food Policy Coalition as an external "invited expert".

The Coalition consists of 62 NGOs, advocating for EU policies that will promote healthier, more sustainable food systems. Joining the new taskforce does not require joining the Coalition.

## European Parliament own initiative report on the future Biotech Act

- ▶ The Board approved the input to the European Parliament's own-initiative report on the Biotech Act.

## Manifesto on Health as a Strategic Investment

- ▶ The Board reviewed the draft manifesto received from FNOMCeO and agreed to discuss the updated version during the June meeting.

## Survey on safe staffing levels open until 30 June

You are kindly invited to complete the [CPME survey on safe staffing levels](#) by 30 June 2025. The survey seeks input on national policies, methodologies, governance, and working conditions related to safe staffing in healthcare. Your response will help inform CPME's policy work and strengthen our advocacy at European level.

## Organisations representing 5 million doctors, nurses and community pharmacists urgently call for concrete EU action on healthcare workforce

In light of the health workforce crisis across Europe, the Standing Committee of European Doctors (CPME), the European Federation of Nurses Associations (EFN), and the Pharmaceutical Group of the European Union (PGEU), together representing over 5 million healthcare professionals, are [jointly calling](#) the European Parliament to integrate core recommendations on Recruitment, Retention, and Resilience for an EU Healthcare Workforce Strategy, in the EMPL-SANT Joint Own-Initiative Report on the EU Healthcare Workforce.

- Regarding recruitment, it is important to underline that education and training standards set by EU legislation such as Directive 2005/36/EC on the Mutual Recognition of Professional Qualifications are not lowered in an effort to address workforce shortages. In addition, the value of mentorship programmes and the importance of EU Member States being self-sufficient in educating and training a domestic healthcare workforce are highlighted.
- Regarding retention of existing professionals, the statement calls for serious investment in safe working conditions and fair remuneration, as well as the establishment of policies on safe staffing levels and a zero-tolerance approach on violence against health professionals.
- Regarding resilience, there is a call for better use of EU policies in particular funding tools to build capacity for the health workforce.

## **European Health Alliance on Alcohol launched to reduce the unsustainable toll of alcohol harms in Europe**

CPME has joined the European Health Alliance on Alcohol, which was [launched](#) on 8 May as a new coalition of health organisations and experts to advocate for the reduction of alcohol-related illnesses, injuries and deaths. WHO/Europe is coordinating the launch of the Alliance together with the European Association for the Study of the Liver (EASL).

The WHO European Region has the highest alcohol consumption of all regions in the world. Alcohol use causes a significant reduction in life expectancy in Europe, especially among men.

A new coalition of health organisations and experts has formed to advocate for the reduction of alcohol-related illnesses, injuries and deaths. Launched at the European Association for the Study of the Liver (EASL) Congress 2025 in Amsterdam, the European Health Alliance on Alcohol unites European organisations of health professionals to amplify the medical community's voice in policy-making. The Alliance aims to reduce alcohol's impact on health, raise public awareness, and advocate for the implementation of proven, effective policies that save lives.

## **European doctors and veterinarians highlight common challenges on mental health and well-being**

In recognition of European Mental Health Week, CPME came together with the Federation of Veterinarians of Europe (FVE) to [highlight](#) that the well-being of doctors and veterinarians is critical to the future of health systems. Protecting their mental health and well-being is not just a moral obligation, but essential to retaining a strong, resilient workforce.

## CPME NEWS



## CPME contributes to MEP Tilly Metz's stakeholder consultation on the health workforce

On 20 May, MEP Tilly Metz hosted a stakeholder consultation with key representatives of healthcare professionals, including doctors, nurses, midwives, pharmacist, trade unions, medical students, as part of her work on the upcoming report addressing the EU health workforce crisis. The discussion focused on working conditions and mental health, staff shortages and workforce planning, the impact of digitalisation, education, training and mobility, as well as violence against healthcare workers.

CPME participated in the consultation and shared input on the upcoming report on health workforce, including the [CPME EMO Joint policy on the healthcare workforce crisis](#), the [Joint Statement from CPME-EFN-PGEU](#), and the direct input for the report's wording approved by the Board on 15 May.

## CPME NEWS



## CPME contributes to European Consumer Organisation's (BEUC) health expert meeting

On 21 May, BEUC hosted a health expert meeting with key representatives of healthcare professionals, patient groups. The discussion focused on the role of electronic product information (ePI) versus traditional paper leaflets, implications for health literacy and inclusivity, privacy and data-protection concerns, and practical challenges in hospital settings.

CPME reinforced its position that paper package leaflets must remain in all medicine packets viewing ePI as a complementary tool only so that patients without internet access or who choose not to use digital formats still receive complete and unbiased guidance. CPME also advocated that hospitals may benefit from ePI for quick reference, but paper instructions are vital during power outages or where digital infrastructure is weak.

Diogo Teixeira Pereira, CPME Policy Adviser, presented our [joint statement](#), insisting on prohibiting any advertising or push notifications in ePI, collecting no personal data, ensuring strict GDPR compliance, and directing users to official, independent sources, such as EMA or national competent authority websites. Finally, CPME warned that removing paper leaflets would unfairly shift printing costs onto pharmacists or patients.

## Political Outlook

### UK – EU Summit

On 18 May, UK and EU leaders met in London for the first formal EU–UK summit since Brexit, aimed at resetting relations between the two parties. The adopted common understanding includes a commitment to enhancing collaboration on pandemic preparedness and health security. This builds on previous discussions in which the UK proposed establishing an EU–UK pandemic preparedness agreement and enhancing cooperation between medicines regulators.

### World Health Assembly adopts historic Pandemic Agreement

On 20 May, the WHO announced that its Member States formally adopted, by consensus, the world's first [Pandemic Agreement](#) at the 78th World Health Assembly, following over three years of negotiations prompted by the inequities observed during the COVID-19 response. This agreement is a global treaty intended to improve the world's readiness for future pandemics. The goal is to ensure equitable access to vaccines, treatments, and diagnostics, guarantee faster sharing of data, promote early surveillance and warning systems, straighten coordination and logistic across borders.

7 key pillars include:

1. Pandemic prevention and surveillance
2. One Health approach
3. Stronger health system
4. Supply chain and logistic coordination
5. Sustainable financing
6. Access to vaccines, tests and medicine
7. Pathogen access and benefits sharing

The next step is negotiating a Pathogen Access and Benefit Sharing system (PABS), which will aim to ensure fair distribution of medical countermeasures during health crises. The PABS system will require pharmaceutical companies to reserve 20% of real-time production for WHO distribution based on public health need. Implementation of the agreement will also involve establishing a Coordinating Financial Mechanism and a Global Supply Chain and Logistics Network.

This marks only the second international legal agreement under WHO's Article 19, the first being the Framework Convention on Tobacco Control.

## MONITORING

## Public Health

### Outcomes of Seventy-eighth World Health Assembly (WHA78)

Seventy-eighth World Health Assembly (WHA78) held in Geneva, Switzerland from 19–27 May 2025. The theme of this year’s Health Assembly was “One World for Health”.

#### **Key Outcomes and Resolutions (beyond the pandemic agreement summarized on page 10):**

- World Health Assembly commits to historic 20% increase in Assessed Contributions, approves WHO’s Base Programme Budget for 2026–2027 of US\$ 4.2 billion.
- Pandemic Agreement Adopted (see above)
- Health Financing Emergency: Country-Led, Data-Driven Solutions

A ‘health financing emergency’ has prompted ministers from several countries to call for country-led, data-driven solutions, emphasizing reduced reliance on external aid. Strengthening health data infrastructure and domestic resource mobilisation are seen as key to long-term resilience and effective health governance.

- Strengthening Health Emergency Preparedness and Response

WHO responded to 51 emergencies across 89 countries in 2024, assisting 72 million people, with nearly 60% linked to climate-related events.

- International Health Regulations remain a cornerstone of global health security

Member States noted the Director-General’s report on progress made in implementing the International Health Regulations (2005), which outline the rights and obligations of countries in managing public health events and emergencies that have the potential to cross borders

- WHO’s Response to Ukraine and Refugee-Hosting Countries

The Assembly approved ongoing health system support amid contested amendments.

Please find more information on Seventy-eighth World Health Assembly (WHA78) on resolution and key outcomes on the [WHO website](#).

## MONITORING

## Healthcare-associated infections, a threat to residents of long-term care facilities in Europe

On 5 May, the ECDC released [findings](#) from a 2023–2024 survey of long-term care facilities across 18 EU/EEA countries. According to the study 3.1% of residents had at least one healthcare-associated infection (HAI) at the time of the survey. Most common infections were urinary tract infections, respiratory infections, and skin infections.

The study revealed that *Escherichia coli* was the most frequently identified microorganism, followed by SARS-CoV-2, *Klebsiella pneumoniae*, and *Staphylococcus aureus*, alarmingly, only 20% of HAIs were microbiologically confirmed. The survey highlighted serious gaps in infection prevention and control and antimicrobial stewardship.

## Commission Announces Temporary Adjustment to Chikungunya Vaccine Use for Seniors

On 21 May, the European Commission adopted a [temporary restriction](#) on the use of the Chikungunya vaccine (IXCHIQ) for individuals over 65 years of age. This follows the 7 May recommendation from the EMA's safety committee (PRAC), citing reports particularly from France of serious adverse effects in older patients.

The vaccine remains authorised for individuals aged 12 to 64. EMA is conducting a detailed safety review, expected to conclude by the end of September 2025. Healthcare professionals will be informed through official communication channels.

## MONITORING

## Pharmaceuticals & Healthcare

### Exchange of views with Emer Cooke, Executive Director of European Medicines Agency

During the SANT Committee on 14 May, an exchange of views with Emer Cooke, Executive Director of the European Medicines Agency (EMA).

Cooke emphasised the importance of the new pharmaceutical legislation, describing it as transformative for the EU regulatory system, supporting better accessibility, innovation, AI integration, and improved preparedness for health threats. She highlighted the EMA's voluntary solidarity mechanism, which has already facilitated exchanges of cancer medicines among member states to combat shortages.

Several Members of the European Parliament raised specific concerns and specifically the need for a common EU stockpiling system. They addressed the need for regular updates to the Critical Medicines List.

Additional concerns included the Clinical Trials Regulation, limited gender considerations in studies, fragmented oversight of medical devices, and the integration of AI in regulatory science.

In her responses, Cooke clarified that stockpiling is not within EMA's mandate, but the agency works closely with HERA and has expertise from managing shortages. To address fragmentation in clinical trials, EMA is supporting a Clinical Trials Information System and simplification efforts. On COVID-19 vaccines, she defended the agency's science-based, transparent approach, citing published data and international collaboration. Emer Cooke confirmed that gender balance is considered in trials, and that AI is being integrated into EMA's processes through projects like Darwin EU and risk assessment groups. Cooke also stressed EMA's commitment to regularly updating the Critical Medicines List, improving public transparency, and engaging with environmental and medical device regulatory challenges.

## MONITORING

## Professional Practice

### European Federation of Salaried Doctors (FEMS) survey on impact of working conditions on physical health of doctors

The European Federation of Salaried Doctors (FEMS) in collaboration with the Italian University of Marche has launched a survey to investigate the effects of medical work and the current organisation within healthcare systems on the physical health of healthcare professionals.

The survey seeks to examine the potential health conditions doctors may face, how these vary across different specialisations and how workload and working hours may affect their physical health.

The completion of this questionnaire is anonymous and will take only a few minutes. Take the survey here: <https://surveyfems.econ.univpm.it/>

## MONITORING

## Digital Health

### Commission calls on 19 Member states to fully transpose the NIS2 Directive

On 13 May 2025, the European Commission issued an [opinion](#) to 19 Member States (including Germany, France, Spain, Poland, and others) for failing to fully transpose the NIS2 Directive (Directive (EU) 2022/2555) into national law by the 17 October 2024 deadline. The NIS2 Directive aims to ensure a high level of cybersecurity across the EU, covering critical sectors such as energy, transport, health, digital services, and public administration. This is key to addressing implementing the cybersecurity plans addressed by the CPME Board (see page 4).

Transposition is essential for strengthening the cyber resilience and incident response capacities of both public and private entities. If the countries fail to act within two months, the Commission may escalate the matter to the Court of Justice of the European Union. The Directive replaces the earlier NIS Directive (2016/1148) and expands its scope to reflect evolving digital and security challenges.

The link to the Directive is available [here](#)

### WHO designates a collaborating centre on digital health in Spain

On 20 May, the WHO announced that it has designated the Universitat Oberta de Catalunya (UOC) in Barcelona as a WHO [collaborating centre](#) on digital health, which makes UOC one of three WHO collaborating centres on digital health in the European Region. From 2025 to 2029, UOC will support WHO/Europe in improving telemedicine, developing digital health strategies, and integrating them into national health systems. The centre will also analyse the implementation of digital solutions related to health coverage, climate change, and ageing.

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