



Dear colleagues

This edition follows our Board meeting held online on 15 January when the Board discussed preparations for the upcoming General Assembly in Dublin from 20 to 21 March.

On 28 January, I met Olivér Várhelyi, European Commissioner for Health and Animal Welfare, and underlined that health is the fundamental underpinning of competitiveness and growth. It was stressed that preserving health-specific funds like EU4Health as a standalone, ring-fenced programme with adequate and predictable funding is essential to safeguarding health and Europe's crisis preparedness.

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 – 15 JANUARY 2026

Financial Affairs

Draft accounts 2025

- ▶ The Board took note of the preliminary draft accounts.

The Treasurer explained that the current calculations will be updated as the closing of the accounts is completed, however a significant surplus is expected. It was agreed to provide further analysis with the draft final accounts following the external audit.

Internal Affairs

Evaluation of past Board web-meeting and General Assembly

- ▶ The Board reviewed the last Board web-meeting and General Assembly.

It was agreed to continue the emphasis on open discussion and consensus-oriented conclusions. The Board also agreed that policy discussions scheduled for decision at the General Assembly should continue to be prepared in web-meetings and delegations are encouraged to liaise to consolidate their input.

General Assembly draft agenda

- ▶ The Board took note of the draft agenda.

The Board discussed plans for a members' conference on digital drivers of harm, with expert speakers to engage with CPME. The Board agreed to invite the participating EMOs to join a panel on a policy discussion. The Board agreed to invite the Presidents of prospective members to the meetings.

Georgian Medical Association

- ▶ The Board reviewed recent exchanges with the Georgian Medical Association.

Policies

Invitation to participate in the pilot phase of Community of Practice for the Exchange Format (COPEF)

- ▶ The Board took note of the initiative and approved CPME's participation in the pilot phase of the Community of Practice for the Exchange Format, represented by the WG Chair Digital Health, members of the WG Digital Health as required (Dr Carla Meeuwis and Dr Iztok Štrotl), and the Secretariat to provide support. The Board further agreed to inform the WG Digital Health and invite WG members to express interest in participating.

Digital Omnibus Package

- ▶ The Board took note of the Digital Omnibus package.

The Secretariat noted that the analysis was still ongoing, however the first impressions is that the amendments weakened privacy, and potentially diminish fundamental rights and values in Europe. The Board agreed that there are important principles to defend in regard to protection of patient's privacy and patient's safety.

European Commission's Health Package

- ▶ The Board took note of the European Commission's Health Package.

The Secretariat presented a preliminary analysis of the Biotech Act proposal and noted that a full analysis is ongoing, as well as the Medical Devices Regulations revision proposal.

The Board also took note of the new EU Cardiovascular Health Plan, which presents targeted measures to improve prevention, detection and treatment of cardiovascular diseases. The Secretariat noted that the strongest flagship initiative of the plan is to modernise tobacco control legislation. The plan does not include many other legislative initiatives.

A summary of the digital omnibus and the health package is included in the [January Bulletin](#).

European doctors call for access to Gaza for medical and humanitarian aid

The Standing Committee of European Doctors (CPME) [repeats](#) its deep concern about the catastrophic humanitarian situation in Gaza, including the population's need for shelter and unfettered access to humanitarian workers, healthcare and aid.

CPME highlights in particular, the urgent and ongoing need for the immediate and full lifting of humanitarian restrictions by the Israeli government and the enabling of safe aid distribution through established partnerships with the UN and INGOs, including a reversal of the new INGO registration restrictions.

CPME strongly stresses that the international principles of medical neutrality and human rights must be unequivocally respected. European doctors stand in solidarity with all healthcare professionals, and with the people of Gaza who continue to suffer under this severe and avoidable humanitarian crisis. Their situation must not be worsened by actions that are in conflict with international humanitarian law and medical ethics.

We join the voices of national and regional medical associations across Europe and globally by defending medical ethics and human rights, and urge all parties to comply with their obligations under international humanitarian law.

CPME emphasised that investing in health underpins competitiveness in meeting with Commissioner Várhelyi

On 28 January, during a meeting with Olivér Várhelyi, European Commissioner for Health and Animal Welfare, Ole Johan Bakke (CPME President) underlined that health is the fundamental underpinning of competitiveness and growth.

CPME stressed that preserving health-specific funds like EU4Health as a standalone, ring-fenced programme with adequate and predictable funding is essential to safeguarding health and Europe's crisis preparedness in the proposal for next EU long-term budget from 2028 to 2034.

CPME President, Dr Ole Johan Bakke, said "Investing in health is not a cost, but a long-term investment in the EU's future. A healthier Europe is a stronger, more united Europe. By making health a central pillar of its next budget, the EU can lead by example in promoting equity, resilience, and shared prosperity. A resilient and properly funded health care sector is a prerequisite for achieving the ambitions for economic growth, innovation and prosperity in Europe."

CPME's delegation, which also included Vice President Dr Jacqueline Rossant-Lumbroso and Secretary General Sarada Das, highlighted the [Charter of Rome](#) as a vital contribution to the ongoing negotiations on the EU's long-term budget. The Charter sets out that the funding of health policy should be considered an investment, rather than expenditure; and it should be considered a strategic priority, similar to defence funding.

The Charter of Rome was initiated by the Italian Medical Association (FNOMCeO) and CPME is supporting its dissemination. FNOMCeO President Dr Fillippo Anelli and a delegation of representatives joined the meeting and provided a national perspective on the benefits of European investment in health.

CPME [previously met](#) with Commissioner Várhelyi last year to discuss European doctors' policy priorities for his incoming mandate.

CPME NEWS

CPME Visit to Hungary

On 23 January, CPME attended a symposium and ministerial meeting in Budapest in support of the Hungarian Medical Chamber. In an event hosted by the Hungarian Medical Chamber, and featuring presentations also by WMA and the German Medical Association, CPME engaged in a discussion on the value of an independent medical profession beyond the profession itself, highlighting examples from European level where the asset of having an independent voice benefits the quality of policies and the defense of patients' rights.

In a subsequent meeting with Minister of the Interior Dr Sándor Pintér, who is responsible for health, CPME expressed its solidarity with the Hungarian Medical Chamber and its concern regarding the withdrawal of mandatory membership and competences, such as investigating possible breaches of medical ethics. The minister presented the scope of action the medical research council has been entrusted with, but suggested that he would be open to discussing the creation of a medical ethics body at the Hungarian Medical Chamber.

The meeting was followed by presentation of the Hungarian digital health infrastructure EESZT which hosts centralised electronic health records as well as portals for ePrescriptions, eReferrals, patient summaries and other services for patients and professionals. The introduction of AI support to healthcare was also discussed.

The ministry also offered two site visits: first, the Hungarian National Ambulance Service presented its activities, and in a second visit the National Institute for Oncology presented its development on cancer treatments, in particular on lung cancer and the transplant centre it has developed over the past years, which will also serve as a reference for the region in future. The meeting will be followed up by letter to the minister and a press conference.

The Coalition for Vaccination urges European countries to increase vaccination coverage and tackle misinformation

As a member of the [Coalition for Vaccination](#), representing millions of healthcare professionals and students from across Europe, CPME supports continued EU and national collaboration to strengthen vaccination coverage, address misinformation, and protect population health.

The Coalition for Vaccination is concerned that the success of vaccine protection may be in danger, due to vaccine hesitancy, vaccine shortages, misinformation and disinformation, and structural barriers to access within healthcare systems. Losing protection could have dangerous consequences for individuals and population groups.

The Coalition supports the European Commission's continued work, alongside Member States, European Centre for Disease Prevention and Control (ECDC), and European Medicines Agency (EMA), to:

- Provide clear, accessible, and evidence-based information
- Actively counter misinformation and disinformation
- Support national vaccination strategies based on scientific evidence
- Provide adequate education and continuing professional development for healthcare professionals,
- Monitor the performance of immunisation programmes
- Advance a European digital vaccination card Improve transparency in vaccine approval processes
- Strengthen independent, national and EU-wide vaccine safety surveillance.

Read the full statement [here](#).

Our Vice President, Dr Kitty Mohan, chaired the meeting of the Coalition for Vaccination on 5 February 2026.

CPME NEWS

The 2026 Edition of the ICPH will be held in London

The British Medical Association is co-organising the International Conference on Physician Health 2026 ([ICPH 2026](#)) which provides a forum to present innovative methods and support systems, educational programmes and recent research findings in the areas of physician and medical student health.



ICPH2026

International Conference
on Physician Health™

From insight to impact: sustainable strategies for a healthy and fulfilling medical career

Monday 28 – Wednesday 30 September 2026
London, UK

The International Conference on Physician Health™ 2026 (ICPH 2026), co-hosted by the British, American and Canadian Medical Associations, aims to support doctors to create better working environments for themselves and their colleagues. This friendly and informal conference will provide a forum for practitioners and researchers to present innovative methods and support systems, educational programmes and recent research findings in the area of physician and medical student health.

The conference theme is **From insight to impact: sustainable strategies for a healthy and fulfilling medical career** and the programme will include inspirational keynote presentations, themed presentation streams, interactive workshop sessions and engaging social events. Promoting networking, exchange of experience and information and leisure activity focused on staying healthy, the conference attracts a diverse international audience.

CALL FOR ABSTRACTS

The call for abstracts is now open until Monday 2 February 2026. Ensure that doctors and students like you are represented on the agenda by submitting your abstract for an oral or poster presentation or an interactive workshop session. We are looking for evidence-based solutions, practical skills, suggestions and tools for attendees to take back to their workplace and make change happen.

Abstracts should be submitted online and you can find out more about how to do this at our website www.bma.org.uk/icph2026

Register for conference updates at <https://events.bma.org.uk/icph26/interest>

Any questions? Please contact us at icph2026@bma.org.uk



Report: CPME/WMA policy briefing on Safeguarding Bioethics in clinical trials in a competitiveness-driven EU

On 14 January 2026, CPME, together with the World Medical Association (WMA), co-hosted a policy briefing on Safeguarding Bioethics in clinical trials in a competitiveness-driven EU for policy-makers and stakeholders in Brussels.

The past months have seen a lot of EU activity around competitiveness in life sciences and in the biotechnology sector: the Draghi report from September 2024 called for opening up the secondary use of health data for research purposes while the European Health Data Space is seen as a milestone on the use of patient data in clinical care and in research. More recently, the Biotech Act proposal looks at reforming EU rules to support innovation in Europe.

In addition to the potential benefits for patient care, these developments raise questions about data privacy, ethical safeguards and equitable access to treatments. The event aimed at discussing how to uphold the principles of the recently revised WMA Declaration of Helsinki while adapting to a changing research landscape and regulatory framework.

Panel 1, bringing together stakeholders, explored how the Declaration of Helsinki continues to guide ethical research in Europe, including balancing traditional and innovative trial designs, protecting vulnerable populations, and ensuring the integrity of ethical review processes while panel 2, focused on translating these principles into EU policy, in particular the revision of the Clinical Trials Regulation through the future Biotech Act.

Looking at research committees, the experts considered their role, highlighting their role in refusing insufficient trial designs and intervening during trials. With the increase in tasks, it was underlined that sufficient training and resources need to be provided to committees.

FEATURE: Safeguarding Bioethics in clinical trials in a competitiveness-driven EU

In panel 2, the discussion moved on to consider the Biotech Act proposal and its amendments to revise the Clinical Trials Regulation. It was concluded that the Biotech Act is setting a useful basis but further clarifications, for example, on the recruitment of patients especially in multinational clinical trials could be considered.

In [press release](#) was published on the day of the event, Dr Christofer Lindholm, Chair of the WMA Medical Ethics Committee, said "As the European Union seeks to strengthen its global competitiveness in clinical research, it is vital that ethical safeguards are not weakened in the name of innovation.

"The Declaration of Helsinki provides the clear ethical framework needed to ensure that clinical trials conducted in Europe continue to respect human dignity, informed consent, independent ethical oversight, and the protection of vulnerable populations. Competitiveness and bioethics are not opposing goals. Ethical rigor is essential to scientific credibility, public trust, and sustainable medical progress."

CPME President Dr Ole Johan Bakke added, "We want policy-makers and stakeholders to hear doctors' appeal that medical ethics, scientific progress and patients' rights are not competing priorities, but inseparable."

A report of the event will be published in the upcoming Winter Magazine.

MONITORING

Public Health

The SANT Committee released its draft report on the EU cardiovascular health plan

On 16 January, the SANT Committee [released](#) their draft report on the European Commission's EU Cardiovascular Health Plan which was published in December. The draft is more ambitious than the Commission's plan, aligning more with the [CPME recommendations](#). The Parliament is expected to adopt the report in June.

The key aims and points are the following:

- Support EU-level strategy: Parliament wants a coordinated EU approach to prevent and manage cardiovascular diseases, complementing the European Commission's "Safe Hearts Plan."
- Prevention focus: Push for stronger prevention policies (like reducing tobacco, alcohol, unhealthy diets), better health education, and health-in-all-policies assessments.
- Early detection & care: Advocate for improved screening, primary care services, equal access to high-quality treatment, rehabilitation, and addressing healthcare workforce shortages.
- Address inequalities: Highlight disparities between regions, socio-economic groups, and gender gaps (e.g., women are under-diagnosed).
- Tackle broader determinants: Recognises factors like environment, urban planning, and commercial influences (marketing of harmful products) that affect heart health.

MONITORING

ECDC and WHO/Europe renew joint commitment to strengthen European health security and collaboration on public health

On 29 January, the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization Regional Office for Europe (WHO/Europe) [signed](#) an updated Memorandum of Understanding. The revised agreement builds on two decades of close cooperation and updates and reinforces this long-standing collaboration within the field of public health, strengthening joint action and coordination between the two organisations.

The revised agreement seeks to integrate lessons learnt from the COVID-19 pandemic. Areas of cooperation include preparedness, epidemic intelligence, antimicrobial resistance and disease surveillance. Reflecting their forward-looking approach, ECDC and WHO/Europe will continue to strengthen and collaborate on ensuring the technical interoperability of our information systems and advancing digital public health and infodemic management. These topics are crucial for Europe's ability to strengthen trust in public health and ensure a timely response to future health emergencies.

New study confirms huge and growing costs of PFAS pollution

On 29 January, the European Commission [published](#) a new study addressing the growing issue of PFAS. Often referred to as "forever chemicals" because they persist in the environment and in human bodies for decades, this issue could impose approximately €440 billion in health and environmental costs across the EU by 2050 if no further regulatory action is taken.

The study highlights that tackling PFAS releases at the source by around 2040 could save roughly €110 billion, while relying solely on treating contaminated water and soil without reducing emissions would cost well over €1 trillion by 2050. The analysis also identifies groups particularly vulnerable to PFAS pollution, including newborns, children, people living near contaminated sites, and workers at those locations, noting that without action these populations will continue to face disproportionate exposure risk.

MONITORING

The Health Security Committee calls for better collaboration

On 16 January, the Health Security Committee (HSC) finished its [two-day plenary session on the subject of enhanced cooperation](#). The meeting took place back-to-back with a meeting of the G7 Global Health Security Initiative, highlighting the benefits of global collaboration in the face of changing threats to the health landscape. The discussions particularly addressed certain points such as:

- **Civil-Military Cooperation:** The HSC took stock of ongoing work to strengthen civil-military cooperation in the context of health security preparedness and response, recognising the added value of defence capacities in large-scale and complex health emergencies. In this context, a Technical Working Group on Civil-Military Cooperation on Health Security Preparedness (TWG CIVMIL) has been established under the HSC. The TWG aims to improve coordination, information-sharing and interoperability between civilian health authorities and military actors at national and EU level, in line with the Union prevention, preparedness and response plan for health crises.

The TWG CIVMIL is currently developing priorities for its work across three main areas:

- Health infrastructure, including support to civilian health systems through military logistics, transport, field medical facilities and protection of critical health infrastructure during crises;
- Health workforce shortages, focusing on surge capacity, rapid deployment of medical personnel, training and the potential use of military medical staff to support civilian services in emergency situations;
- Mass evacuations, addressing planning and coordination for large-scale medical evacuations, patient transfers and repatriation operations, including cross-border scenarios and high-impact emergencies.
- Zoonotic avian influenza: the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Agency (EFSA) have prepared a new guidance document on public health actions to implement according to the epidemiological situation.

MONITORING

WHO reports: Cheaper drinks will see a rise in noncommunicable diseases and injuries

On 13 January, [WHO published two global](#) reports calling on governments to significantly strengthen taxes on sugary drinks and alcoholic beverages. The reports warn that weak tax systems are allowing harmful products to remain cheap while health systems face mounting financial pressure from preventable noncommunicable diseases and injuries.

Some key findings:

- tax shares on alcohol remain low with global excise share medians of 14% for beer and 22.5% for spirits.
- sugary drink taxes are weak and poorly targeted with the median tax accounting for only about 2% of the price of a common sugary soda and often applying only to a subset of beverages, missing large parts of the market; and
- few countries adjust taxes for inflation, allowing health-harming products to become steadily more affordable.

WHO is calling on countries to raise and redesign taxes as part of its new '3 by 35' initiative, which aims to increase the real prices of three products, tobacco, alcohol and sugary drinks, by 2035 making them less affordable over time to help protect people's health

Weight rebound after obesity drugs shows need for long-term treatment, researchers say

On 8 January, Politico Pro published an article addressing [a new report from the British Medical Journal](#). The study showed that people who stop taking weight-loss drugs regain body mass four times faster than those who lost their excess pounds through diet and exercise. The additional benefits from taking weight-loss drugs, such as improvements in cholesterol and blood pressure, were also reversed when patients quit the medications, the study found. The report also suggests that life-long treatment of obesity is needed to maintain control of the condition.

MONITORING

Pharmaceuticals & Healthcare

Parliament adopts Critical Medicines Act position

On 20 January, the European Parliament [adopted](#) its position on the Critical Medicines Act, clearing the way for negotiations with the European Commission and the Council of the EU. Lawmakers adopted the health committee's report, led by European People's Party MEP Tomislav Sokol, with 503 votes in favour, 57 against and 108 abstentions. Amendments from Renew to classify orphan drugs, contraceptives and abortion drugs as medicines of common interest passed, while anti-green amendments from the European Conservatives and Reformists and Patriots for Europe groups failed.

EMA and FDA set common principles for AI in medicine development

On 14 January, the EMA and the FDA jointly identified [ten principles for good artificial intelligence \(AI\) practices](#) in the medicine lifecycle. The principles give broad guidance on AI use in evidence generation and monitoring across all phases of a medicine, and are relevant for those developing medicines, as well as for marketing authorisation applicants and holders:

1. Human-centric by design: aligned with ethical values
2. Risk-based approach: proportionate validation and risk mitigation
3. Adherence to standards: relevant, actual practices
4. Clear context of use: role and scope
5. Multidisciplinary expertise: covering both the AI and its context of use
6. Data governance & documentation: appropriate privacy and protection of data
7. Model design and development practices: promoting transparency, reliability & robustness
8. Risk-based performance assessment: evaluating the complete system, including human-AI interactions
9. Life cycle management: technologies undergoing scheduled monitoring and re-evaluation
10. Clear, essential information: model accessible, clear and contextually relevant

MONITORING

Digital Health

EDPB and EDPS support streamlining AI Act implementation but call for stronger safeguards to protect fundamental rights

On 21 January, the European Data Protection Board (EDPB) and the European Data Protection Supervisor (EDPS) adopted a [Joint Opinion on the European Commission's Proposal for the 'Digital Omnibus on AI'](#). The Proposal seeks to simplify the implementation of certain harmonised rules under the AI Act to ensure their effective application. The EDPB and the EDPS:

- advise against the proposed deletion of the obligation to register AI systems, when they fall under the categories listed as high-risk,
- welcome the creation of EU-level AI regulatory sandboxes to promote innovation.
- support the goal of streamlining cooperation between fundamental rights authorities or bodies and Market Surveillance Authorities, and the reliance on a central point of contact to increase efficiency.
- recommend maintaining a duty for AI providers and deployers to ensure AI literacy among their staff.
- express concerns regarding the proposed postponement of core provisions for high-risk AI systems.

Code of Practice on marking and labelling of AI-generated content

On 17 December, the European Commission [published](#) the first draft of the Code of Practice on marking and labelling of AI-generated content. Article 50 of the AI Act requires providers to mark AI-generated or manipulated content in a machine-readable format, and users deploying generative AI professionally to label deepfakes and AI-generated text on public-interest topics. The EU Commission is also developing a voluntary Code of Practice. The draft Code has two sections: one for providers (marking and detecting AI content) and one for deployers (labelling deepfakes and certain AI text). A second draft is expected in mid-March and finalisation by June 2026.

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