



CPME MONTHLY BULLETIN

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October 2021

Dear colleagues,

We are pleased to share with you the latest edition of the CPME Monthly Bulletin with the Executive Committee outcomes of the meeting held on 21 October 2021.

The members of the Executive Committee reviewed the General Assembly and Board agendas and decided to change the starting time of the General Assembly and the European Medical Organizations Presidents meeting. The Executive Committee also took note of the amendments proposed by the law firm for the revision of CPME's Statutes to comply with a new Belgian law. The Executive Committee approved the CPME statement on the European Health Emergency Preparedness and Response Authority (HERA) and took note of the letter of support on medicines supply in Northern Ireland and the letter of support to the Polish Chamber of Doctors and Dentists.

We hope the bulletin is informative and we invite you to consult our latest news and the members' section of our [website](#).

Kind regards,

*Prof. Dr Frank Ulrich Montgomery
CPME President*

Table of Contents

Executive Committee meeting – 21 October 2021	3
<i>Internal Affairs.....</i>	3
<i>Policies</i>	3
<i>International Calendar</i>	5
Monitoring	6
<i>New WHO Global Air Quality Guidelines.....</i>	6
<i>Farm to Fork conference.....</i>	6
<i>MEPs vote in favor of Farm to Fork report.....</i>	6
<i>EXPH opinion on supporting the mental health of the health workforce.....</i>	6
<i>The Pan-European Mental Health Coalition</i>	7
<i>Commission publishes consultation outcome of Cross-border healthcare: Evaluation of patients’ rights.....</i>	7
<i>EP study highlights cross-border healthcare.....</i>	7
<i>Commission work programme 2022: pharma, cancer, long-term care</i>	8
<i>Eurostat: excess mortality has increased, differences persist.....</i>	8
<i>EDPB adopts Guidelines on restrictions of data subject rights under Article 23 GDPR following public consultation</i>	8
<i>Commission collects views on making liability rules fit for the digital age, AI and circular economy.....</i>	9
<i>Informal video conference of telecommunications ministers on the AI Act</i>	9
<i>Use of artificial intelligence by the police: MEPs oppose mass surveillance</i>	10
<i>AIDA public hearing on AI and the data strategy</i>	10
<i>Council negotiating mandate on Data Governance Act to promote safe data sharing</i>	11
<i>mHealth label published</i>	11
<i>Exchange of views with Executive Vice-President Margrethe Vestager on Commission's digital policies.....</i>	11
<i>Proposal for a Decision establishing the 2030 Policy Programme “Path to the Digital Decade”.....</i>	12
<i>Well-being data measurement offers opportunities for creating new innovative services.....</i>	12
<i>Call for comments: EMA consultation for Guidelines on computerised systems and electronic data in clinical trials</i>	13
<i>Horizon Europe launches call for projects on Health.....</i>	14
CPME News	16
<i>CPME social media</i>	16
<i>Call to action to protect children from the marketing of nutritionally poor food</i>	16
<i>The 2021 Report of the Lancet Countdown on Health and Climate Change.....</i>	16
<i>Coalition for Vaccination statement on influenza vaccination</i>	17
<i>EU-JAV presented its first results.....</i>	17
<i>e-Evidence Compendium launched</i>	17

<i>Data save lives project – survey launched</i>	17
<i>14th World Conference on Bioethics, Medical Ethics and Health Law 2022</i>	18
<i>ECDC Survey: Learning needs of health workers in the EU/EEA in vaccinology and in discussing vaccination with patients</i>	18
<i>Recent publications on the CPME Website</i>	19

Executive Committee meeting – 21 October 2021

Internal Affairs

GA and Board agendas

The Executive Committee decided to change the starting time of the General Assembly to 09h00 am. The starting time of the European Medical Organizations Presidents meeting should be at 08h00 am allowing attendees to travel back on Saturday of they so wish. The Executive Committee also decided to remove the draft health inequalities policy from the agenda.

CPME Statute Revision Process to comply with new Belgian law

The Executive Committee took note of the amendments suggested by the law firm and discussed some of them.

The Executive Committee decided to continue the discussion on the revision process at the next EC meeting on the 25th of November in Oslo. CPME members will be updated on the process in the Board meeting 27th of November in Oslo

Policies

Health European Preparedness and Response Authority (HERA)

The Executive Committee approved the statement on HERA.

The European Health Emergency Preparedness and Response Authority (HERA) is one of the new initiatives [launched](#) by the European Commission to complement the actions of the European Health Union. The aim of HERA is to prevent, detect, and rapidly respond to health emergencies. Not only will HERA carry out threat assessments and intelligence gathering on gaps in medical countermeasures, but it will also support research and innovation for the development of new medical countermeasures as well as address market challenges and boost industrial capacity. The current [proposal for a regulation](#) foresees HERA not as a standalone agency, but as a structure housed under the European Commission. The statement on HERA highlights, among other things, CPME's concerns regarding the use of HERA as an industrial policy instrument, as well as concerns regarding the affordability and equitable distribution of medical countermeasures.

Medicines Supply in Northern Ireland

The Executive Committee took note of the letter of support which was sent out on the 11th of October.

On the 11th of October, CPME in collaboration with the British Medical Association (BMA), the European Union of Medical Specialists (UEMS), the European Union of Family Physicians (UEMO), and European Junior Doctors (EJD) sent a letter to European Commission Vice-President Maroš Šefčovič on the medicines supply to Northern Ireland. The letter outlined the concerns of the European Medical profession with regards to the possibility of disruption to the medicines supply to Northern Ireland as a result of the end of the grace period on the medicines supply from Great Britain to Northern Ireland. The letter called for the United Kingdom and the European Union to agree on pragmatic solutions to ensure an uninterrupted supply of medicines to Northern Ireland so that the medical profession can continue treating its patients to the highest possible safety levels.

Letter of support to Polish Chamber

The Executive Committee took note of the letter of support which was sent out on 11th of October.

Since September 11th, Polish health professionals have been protesting for more lawful and decent working conditions. CPME has sent a letter of support to the Polish Chamber of Doctors and Dentists to express European Doctors solidarity and support for Polish health professionals. The letter affirms the role of the government in ensuring sustainable education, training conditions, adequate remuneration and effective protection against violence by patients. Moreover, CPME calls on the government of the Republic of Poland to find a sustainable agreement with health professionals which enables the delivery of the highest quality of healthcare to every patient.

Health workforce policy

The Executive Committee took note of the draft CPME policy on health workforce.

The Executive Committee was also briefed that there is an on-going consultation of the Working Group on Professional Practice on national examples of gender-related policies as well as recruitment and retention measures. The revised draft policy on health workforce will be presented at the CPME meetings in November for decision. The updated health workforce policy consolidates existing CPME positions and addresses new policy discussions in this area.

Health inequalities policy

The item was removed from the agenda due to the decision to postpone its adoption.

The upcoming health inequalities policy will consolidate and update CPME's views and recommendations on combatting health inequalities and will help to serve as reference and input to future policy debates. The draft policy will build upon the [2011 CPME Statement on](#)

[Health Inequalities](#) and will address both the systemic factors as well as the social determinants of health leading to inequities.

CPME Article for JECME 2021 Special Edition

The Executive Committee took note of the article.

CPME was invited to contribute to the 2021 Special Collection of the [Journal of European Continuing Medical Education \(CME\)](#) on “Digitisation and CME”. The CPME Secretariat contributed to the journal with an article titled “Digital skills for doctors – Explaining European Doctors’ Position”.

Lancet Countdown on Health and Climate Change

The Executive Committee took note that the 2021 Report of the Lancet Countdown on Health and Climate Change and the regional policy briefs have been launched.

CPME co-published the Policy Brief for Europe which focuses on data and policy recommendations on heat and health, urban green space, and energy systems, air pollution and health. Dr Martin Balzan, CPME Rapporteur on Environmental Health and Climate Change, will speak at the launch event of the Policy Brief for Europe on 3 December 2021.

International Calendar

The Executive Committee considered the international calendar.

Monitoring

New WHO Global Air Quality Guidelines

On 22 September, the WHO launched their updated guidelines to recommend new air quality levels to protect the health of populations, by reducing levels of key air pollutants, some of which also contribute to climate change. Since the last 2005 global update, there has been a marked increase of evidence that shows how air pollution affects different aspects of health. The health risks associated with PM₁₀ and PM_{2.5}, are of particular public health relevance. CPME is calling the policymakers to update the EU air quality standards to reflect the new WHO recommendations. Please find the new guidelines [here](#).

Farm to Fork conference

On 14-15 October, the European Commission organised the second edition of the Farm to Fork Conference gathering European stakeholders interested in helping to shape the EU's path towards sustainable food systems. The conference focused on the progress made on the initiatives foreseen in the strategy's action plan, the EU efforts to achieve a global transition to sustainable food systems, and transition enablers. Please find more [here](#). A report of the meeting is available [here](#).

MEPs vote in favor of Farm to Fork report

On 20 October, the European Parliament welcomed the Commission's Farm to Fork strategy and underlined the importance of producing sustainable and healthy food to achieve the goals of the European Green Deal, including on climate, biodiversity, zero pollution and public health. MEPs wants to see healthier food EU science-based recommendations for healthy diets, including a mandatory EU front-of-pack nutritional label. They also want to address overconsumption of meat and highly processed foods with high salt, sugar and fat content, including by setting maximum intake levels. Please find more [here](#).

EXPH opinion on supporting the mental health of the health workforce

Independent Expert Panel on effective ways of investing in health has published an opinion on supporting the mental health of the health workforce and other essential workers. The recommendations in the opinion call to change the focus from 'mental health' to 'mental wellbeing', incorporating the idea of staff wellbeing as an inherent part of the workplace. Please find more [here](#).

The Pan-European Mental Health Coalition

On 30 September, WHO/Europe launched a new Pan-European Mental Health Coalition which is a partnership dedicated to improving mental health across the WHO European Region. It will target gaps in mental health services by gathering national leaders, professionals, members of civil society, representatives of international organisations and experts. Its key priorities will be to transform mental health services and integrate mental health into emergency response and recovery efforts, as well as promoting mental health and preventing mental ill health across the life course. Please find more [here](#).

Commission publishes consultation outcome of Cross-border healthcare: Evaluation of patients' rights

On 8 October the European Commission published the consultation outcome of the 'Cross-border healthcare: Evaluation of patients' rights'. Respondents were of the opinion that the EU schemes for reimbursement do not fully meet patients' needs on accessing healthcare in another EU country, and gaps persist. The three main reasons for seeking healthcare abroad were

- healthcare services and treatment not available in home country;
- better quality of treatment; and
- long waiting times for treatment in the home country.

More than half of respondents agree that there are barriers to cross-border healthcare, being the main barriers experienced:

- patients have to pay upfront for treatment costs and then seek reimbursement from their own health;
- lack of information on patients' rights to healthcare abroad; and
- language barriers.

The outcome further reports on the use of ERN to which respondents mention that ERN has helped in identifying diagnosis, but had a more negative opinion in relation to disease prevention. For the full report please see [here](#).

EP study highlights cross-border healthcare

The European Parliament's research service has published a [report](#) on the state of cross-border healthcare. It concludes that there are still many obstacles to cross-border care, as well as the opportunities that it provided e.g. during the pandemic. To improve the situation, it recommends to promote "simplified and disseminated information, a common cross-border language for healthcare operators, the collection and production of comparable data and mapping of healthcare institutions, the promotion of joint supply of healthcare, and the increased involvement of intermediaries."

Commission work programme 2022: pharma, cancer, long-term care

The Commission has published its work programme entitled 'Making Europe stronger together' presenting its policy planning for 2022. As well as continuing or concluding negotiations on on-going files such as the European Health Union laws, the HERA Regulation and the new legal framework on AI, the Commission plans the revision of the pharmaceutical legislation and the EU legislation on medicines for children and rare diseases, both in the last quarter of 2022. The Commission will also publish a European Care Strategy and encourage Council Recommendations on long-term care, as well as on cancer screening programmes. In the area of digital policy, the Commission plans legislation on cyber resilience, as well as Recommendations on improving the provision of digital skills in education and training, as well as on the enabling factors for digital education. Please find an overview of all initiatives [here](#).

Eurostat: excess mortality has increased, differences persist

Eurostat's most recent data shows that [excess mortality has increased in August 2021](#) to 8%. This marks the first increase since May 2021. However this average hides significant differences between Member States from -4% in Czech Republic to +50% in Cyprus.

EDPB adopts Guidelines on restrictions of data subject rights under Article 23 GDPR following public consultation

On 19 October, the EDPB adopted a final version of the [Guidelines on restrictions of data subject rights under Art. 23 GDPR following public consultation](#). The guidelines aim to recall the conditions surrounding the use of such restrictions by Member States or the EU legislator in light of the Charter of Fundamental Rights and the GDPR. They provide an analysis of the criteria to apply to restrictions, the assessments to be observed, how data subjects can exercise their rights after restrictions are lifted, and consequences of infringements of Art. 23 GDPR.

Commission collects views on making liability rules fit for the digital age, AI and circular economy

The Commission has launched a public consultation on the rules on compensation for damage caused by defective products. A specific focus will be on the use of Artificial Intelligence (AI) in products and services. The Commission invites interested parties to express their views on the revision of the [Product Liability Directive](#) and on whether other national liability rules still provide legal certainty and consumer protection in an age of smart and AI-based products and services. This is especially important since the safety of these products and services does not depend only on their design and production, but also on software updates, data flows and algorithms. The public consultation covers questions such as which economic operator should be liable for harm. Another important aspect is the upgrade and refurbishment of products and components, something that is becoming more and more important in our transition to a circular economy. The current liability rules are based on two pillars: the Product Liability Directive and non-harmonised national liability rules. The Product Liability Directive protects consumers who suffer injury or property damage from defective products and covers products ranging from garden chairs to medicines, cars and AI-driven products. The non-harmonised national liability rules include various differing liability rules, which cover different types of damage and claims against any liable person. The [consultation](#) is open until 10 January. For more information on liability rules, see [here](#), [here](#) and [here](#). The CPME eHealth WG will prepare the CPME response.

Informal video conference of telecommunications ministers on the AI Act

On 14 October 2021, there was a first [in-depth policy debate on the AI Act](#). Ministers strongly supported a horizontal and human-centric regulatory framework for AI, as proposed by the Commission, to ensure legal certainty and consistency for developers and users. The need to ensure consistency with other legislation was mentioned, and that the new law must be future-proof and foster innovation. To achieve this, its provisions should be flexible enough to adapt to the fast-evolving technologies. The risk-based approach of the proposal was welcomed, but indicated that many issues require further discussion, in particular regarding the **scope of the Act**, law enforcement aspects and **definitions of key terms**. Clarity on these was considered essential for legal certainty and smooth implementation of the Act. Standardisation and availability of high-quality data should be promoted. A number of ministers mentioned the importance of effective enforcement and supervision, especially human oversight. The governance structure should be light, and the administrative and financial burden for operators, in particular SMEs and start-ups, should be kept to a minimum. Special support should be offered to SMEs to ensure that they can easily comply with the new rules. Discussions on the proposal will continue in the Council's telecommunications working party. The Presidency aims to present a compromise proposal in November.

Use of artificial intelligence by the police: MEPs oppose mass surveillance

In a [resolution](#) adopted on 6 October, MEPs point to the risk of algorithmic bias in AI applications and emphasise that human supervision and strong legal powers are needed to prevent discrimination by AI, especially in a law enforcement or border-crossing context. Human operators must always make the final decisions and subjects monitored by AI-powered systems must have access to remedy.

AIDA public hearing on AI and the data strategy

On 30 September, the EP AIDA Special Committee held a [public hearing](#) to discuss the European strategy for data as well the EU digital strategy for the next decade. The first session was dedicated to exchanging views with the European Commission on their activities in these areas. **Mr Kilian Gross (DG CONNET)** outlined that for a cutting edge AI in the EU there was a need of 3 points: data, skills and computer infrastructure. For the 'EU 2020 digital future' the Commission first released the 'AI white paper' (which implied two strands for work: i) how to support it and ii) how to make it trustworthy) and then the 'EU data strategy' (which outlined the 'Data Governance Act' and the 'Data Act'). Last year the Commission released the ['Data Governance Act' \(November 2020\)](#) and this year the Commission released the 'AI Act' and the 'AI Coordinated Plan' (both in April 2021) and will be releasing the 'Data Act' by the end of the year. The Commission proposes targets for 2021 in the ['Digital Compass'](#) (March 2021) and more recently in the ['Digital Decade Policy Programme'](#) (September 2021) outlining on how to achieve the different objectives. **Mr Gross highlighted that the AI definition in the AI Act is based on the OECD definition and noted that the healthcare sector was a strategic sector in the AI coordinated Plan.** He explained that the objectives of the 'Data Governance Act' objective were to grant access to and re-use of sensitive public data, to allow Europeans to gain more control over their data, to provide a safe environment for those willing to share data and to support the emergence of new neutral data players in Europe. The 'Data Act' would be to ensure fairness in the allocation of economic value among actors of the data economy (fair data access, processing and use in business-to-business (B2B) context, and fair, reliable and transparent access and use in the business-to-government (B2G) context). **Swedish MEP Jörgen Warborn (EEP)** said he believed Europe would benefit from a strong partnership with the US in the field of AI and data, arguing that 'it was important to remain as aligned as possible'. However, **Spanish MEP Ibán García Del Blanco (S&D)** thought the EU should not be waiting for, or be subservient to, anyone on AI – it's the US that is 'behind on its homework'. The second session featured two panels of speakers presenting perspectives of industry and civil society in relation to data sharing, data use, and the link thereof to AI development.

Council negotiating mandate on Data Governance Act to promote safe data sharing

The Council has adopted [its position](#) on the Data Governance Act, which is intended to facilitate the reuse of certain categories of protected public-sector data, increase trust in data intermediation services and promote data altruism across the EU. It sets up a framework to foster a new business model for data intermediation services for safe data sharing by both companies and individuals. It also foresees the creation of national registers of recognised data altruism organisations to encourage data sharing for the public good through trustworthy channels. A summary of the negotiating mandate can be found [here](#). Trilogues with the European Parliament are to start soon.

mHealth label published

The new technical specification on a quality label for health and wellness apps has been published by ISO, CEN and IEC. It brings together and builds on guidelines and requirements for apps, by many local and national health organizations around the world to ensure they are safe, reliable and effective. The guidance provides an internationally agreed set of specifications to assess the apps, with a scoring methodology that gives a 'traffic light' themed label. The label enables apps to be easily compared by users and health professionals. For further information see [here](#).

Exchange of views with Executive Vice-President Margrethe Vestager on Commission's digital policies

On 6 September 2021, a [joint meeting](#) was held between the INGE Committee, IMCO Committee, LIBE Committee, AIDA Committee and EVP Margrethe Vestager. The Special Committee on Foreign Interference and Disinformation have debated the Digital Markets Act, the Digital Services Act and EU data and AI strategy with Commissioner Vestager, in charge of A Europe Fit for the Digital Age and Competition Policy. Ms. Vestager's speech focused on the increasing challenges facing digitalized societies and the obligations that the European Commission is taking to mitigate these risks. Challenges highlighted by Ms Vestager included the threat to democracy through misinformation, dissemination of hate speech, and increasingly unfair market access conditions for small players. To tackle these challenges, the Commission proposed the Digital Services Act - a framework which obligates online platforms to conduct due diligence regarding their impact on society, elections, and the environment. Additional obligations will exist for larger platforms who will be subjected to an annual audit by public authorities with oversight from vetted researchers to conduct an impact assessment and to manage the risks that their activities may pose to the European economy, society and democracy. An intended aim of this framework, Ms Vestager explained, is to improve the relationship between consumers and large tech players by holding tech companies accountable while empowering consumers to benefit from fairer and more open business practices.

Proposal for a Decision establishing the 2030 Policy Programme “Path to the Digital Decade”

On 15 September, the Commission adopted a Proposal for a decision on establishing the 2030 Policy Programme “Path to the Digital Decade”, launching on the next day a [public consultation for feedback](#) on the proposal until 12 November 2021. The “Path to the Digital Decade” aims to ensure that the European Union achieves its objectives and targets towards a digital transformation of its society and economy in line with the EU’s values, reinforcing our digital leadership and promoting human centred, inclusive and sustainable digital policies empowering citizens and businesses. It sets out concrete digital targets which the Union as a whole is expected to achieve by the end of the decade, a mechanism of annual cooperation between the Union institutions and Member States (based on the report on the ‘State of the Digital Decade’), and the need to submit to the Commission’ National Digital Decade strategic roadmaps’. The digital targets for 2030 are based on four cardinal points: digital skills, digital infrastructures, digitalisation of businesses and of public services. The Proposal foresees the creation of a European Digital Infrastructure Consortium (EDIC) with legal personality, legal capacity and statutory seat. CPME analysed the document and although it is a very high level strategic and political document, one of the digital targets concerns the need for ‘(...) *highly skilled digital professionals: (...) at least 20 million employed information and communications technology (ICT) are employed, with convergence between women and men*’. As [advocated by CPME](#), there is a need to trust in ICT personnel, in particular in healthcare. New professions should flourish – e.g. digital health specialists - and they should abide to ethically-based codes of conduct and be subject to regulatory and disciplinary sanctions. This would ensure that these specialists have an up-to-date competence, relevant to their field, and that they comply with professional obligations. CPME intends to provide feedback on this point and in accordance with these lines.

Well-being data measurement offers opportunities for creating new innovative services

[According to a survey by SITRA](#), smart devices that measure well-being (activity trackers, smart rings and smartphones) are already used by a large share of the population. Pursuant to the survey, self-measurement helps people improve their well-being and the data shared, with the individual’s consent, can open a path to preventive health and well-being services. SITRA commissioned an online survey to investigate the use of smart devices intended for self-measurement as well as people’s attitudes towards the data produced by these devices and its use.

Call for comments: EMA consultation for Guidelines on computerised systems and electronic data in clinical trials

In June 2021, the European Medicines Agency launched a public consultation on a [“Guideline on computerised systems and electronic data in clinical trials”](#). Computerised systems are being increasingly used in clinical research. The complexity of such systems has evolved rapidly during the last years. There is a need to provide guidance to sponsors, CROs, investigators and other parties involved in the design, conduct and reporting of clinical trials reflective of these changes in data types and trial types on the use of computerised systems and on the collection of electronic data. This is important to ensure the quality and reliability of trial data, as well as the safety and wellbeing of the trial participants. This will contribute to a robust decision-making process based on such clinical data. The EMA “Reflection Paper on expectations for electronic source data and data transcribed to electronic data collection tools in clinical trials” started to address these when it was published in 2010. However, the development of and experience with such systems has progressed. A more up to date guideline is needed. **If you have any comments to the guidelines, please use [this template](#) and send them to CPME Secretariat (Secretariat@cpme.eu) by 30th November 2021. We will compile the responses and submit them to EMA.**

Horizon Europe launches call for projects on Health

The EU research funding programme Horizon Europe has launched a new call for projects on health. Funding is available for initiatives focussing on health in a rapid changing society (destination 1); health promoting environment (destination 2); tackling diseases and reducing disease burden (destination 3); access to innovative, sustainable and high-quality health care (destination 4); new tools, technologies and digital solutions (destination 5); and health industry (destination 6). This includes specific calls e.g.

- [Optimising effectiveness in patients of existing prescription drugs for major diseases \(except cancer\) with the use of biomarkers](#). Proposals under this topic should aim for delivering results that are directed, tailored and contributing i.a. the following expected outcomes:
 - Diagnostics industries move towards market approval for companion diagnostics.
 - Regulatory authorities approve companion diagnostics and make recommendations for the prescription of existing drugs.
 - Health care providers use biomarkers with existing pharmaceuticals to treat more efficiently and cost-effectively patients, with less adverse effects
- [New methods for the effective use of real-world data and/or synthetic data in regulatory decision-making and/or in health technology assessment](#). Proposals should aim for i. a. :
 - Health regulatory bodies and/or Health Technology Assessment (HTA) bodies adopt optimised data-driven methodologies for the effective use of real-world data (including omics data), and/or synthetic data derived from digital twins and advanced computational methods (such as modelling and simulation or approaches based on machine learning/AI), for the assessment of medicinal products and/or digital health innovations.
 - Health regulatory authorities and bodies (e.g. medicines agencies, HTA bodies, notified bodies for medical devices) use optimised guidelines for the development and assessment of medicinal products and/or medical devices including digital health innovations.
- [Computational models for new patient stratification strategies](#). Proposals should aim for i.a.:
 - Clinical researchers use effective health data integration solutions for the classification of the clinical phenotypes.
 - Researchers and/or health care professionals use robust and validated data-driven computational tools to successfully stratify patients.
 - Regulatory bodies approve computer-aided patient stratification strategies to enable personalised diagnosis and/or personalised therapy strategies.
- [European partnership on transforming health and care systems](#). Proposals should aim for i.a.:
 - Researchers across European countries and regions are engaged in enhanced collaborative research on transforming health and care systems
 - Health and care providers and professionals implement innovative ways of delivering care and maintaining population health

- Citizens and health and care professionals have increased digital and health literacy.
- [Ensuring access to innovative, sustainable and high-quality health care](#). Proposals should aim for i.a.:
 - Public and private procurers in the area of health care procure the competitive development of market-ready, sustainable, innovative solutions (materials, equipment, technologies and systems/practices) which are made in Europe and can improve the preparedness and resilience of health care systems in the context of the recovery
 - Policymakers, health care providers and professionals, patients and their carers – each in their respective areas – exchange and adopt good practices and the best solutions the market can deliver to improve the resilience of health care systems.

Details on an information event on 28 October can be found [here](#). The recording of a past information event is available [here](#).

CPME social media

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Call to action to protect children from the marketing of nutritionally poor food

On 9 November 2021, 20 European organisations, including CPME, launched a [call to action](#) to protect children from the marketing of nutritionally poor food. It calls on the European Union to assume responsibility and tackle the exposure of young people to the promotion of nutritionally poor food because there is clear evidence that unhealthy food marketing affects what children eat and ultimately, their health and well-being. The call to action was launched simultaneously with a [blueprint Directive](#) presenting how the EU can use its powers to regulate cross-border marketing. Dr Patrick O’Sullivan, Chair of CPME Working Group on Healthy Living, spoke in the launch event.

The 2021 Report of the Lancet Countdown on Health and Climate Change

On 21 October, the annual report of the Lancet Countdown to track the progress on health and climate change was published. It concludes that a rapid decarbonisation could prevent most of the 3.3 million deaths from air pollution that occur globally each year, the 842,000 deaths associated with excessive red meat consumption, and result in better physical and mental health from higher exposure to nature and more physical activity. CPME collaborated with the Lancet Countdown Policy Brief for Europe which was published simultaneously with the global report. This year’s EU policy brief focuses on data and policy recommendations on heat and health, urban green space, and energy systems, air pollution and health. Please find it [here](#).

Coalition for Vaccination statement on influenza vaccination

On 18 October, the Coalition for Vaccination launched a [statement](#) and a campaign on influenza vaccination. It recommends all healthcare professionals and people belonging to at-risk groups to protect themselves by getting an influenza vaccine also this year. CPME is one of the three co-chairs of the Coalition which brings together European associations of healthcare professionals and relevant student associations in the field. CPME encourages all medical associations to participate in the campaign. Campaign materials can be downloaded [here](#).

EU-JAV presented its first results

On 15 October, the [European Joint Action on Vaccination \(EU-JAV\)](#) organised an info day to provide the results and first achievements of the project which will come to an end in March 2022. The work of EU-JAV is carried out mainly by EU member states but CPME is a member of the joint action's stakeholder forum. From healthcare professionals' perspective, the most interesting work packages of EU-JAV are WP4 related to vaccination training of healthcare professionals and WP8 on vaccine hesitancy and uptake. A report of the meeting will soon be available as a CPME info document.

e-Evidence Compendium launched

As previously reported, CPME worked during the summer to develop a compendium listing cases where the [e-Evidence Regulation](#) could seriously jeopardise fundamental rights, as well as professional secrecy and medical confidentiality. The launch of the compendium was on 20 October (posted on CPME website and social media) - a link to the document is available [here](#). The CPME Secretariat will be sending a mailing to CPME Members soon with template letter requesting their further support in this area (2nd lobby package). The template letter is to be sent by CPME Members to their national ministries. Further information can be found [here](#).

Data save lives project – survey launched

CPME was invited to reply to a survey led by EPF to better understand the concerns regarding health data sharing, the questionnaire is available [here](#) and can be filled by individual doctors too.

14th World Conference on Bioethics, Medical Ethics and Health Law 2022

The preliminary program for the 14th World Conference on Bioethics, Medical Ethics and Health Law has been updated with additional sessions and abstracts. A link to the preliminary program is available [here](#). CPME is hosting two sessions for the conference, one session on AI in Healthcare which is due to take place on Wednesday March 9th 2022 from 8:30 to 10:00, and another session on the same day on the topic of Defensive Medicine from 10:30 – 12:00. You can register for the conference at the following [link](#).

ECDC Survey: Learning needs of health workers in the EU/EEA in vaccinology and in discussing vaccination with patients

The European Centre for Disease Prevention and Control (ECDC) has commissioned the Association of Schools of Public Health in the European Region (ASPHER) to conduct a training needs assessment in the areas of vaccinology and vaccine acceptance with the aim of collecting information useful to develop training courses on these topics. All national medical associations are invited to participate by disseminating and completing the online survey by 23 November. Please find the survey questionnaire with more information here: https://www.surveymonkey.com/r/vacc_trainingneeds

Recent publications on the CPME Website

Members' section:

[Minutes of the Executive Committee MEETINGS \(February – September 2021\)](#)

[CPME Session on Professional Practice and Patients' Rights – DRAFT Agenda of the meeting, hybrid, 26 November 2021](#)

[Call to protect children from the marketing of nutritionally poor food](#)

[Background for the Discussion on Front-of-Pack Nutrition Labelling](#)

[DRAFT CPME Policy on Health Workforce](#)

[Responses to CPME survey on recruitment and retention and gender in health workforce policy and planning](#)

[CPME Logo Proposal](#)

[CPME WG on Medical Ethics and COVID-19: survey on triage protocols in context of COVID-19 pandemic](#)

[CPME WG on Medical Ethics and COVID-19 – final report](#)

[CPME WG on Medical Ethics and COVID-19 – overview of national triage protocols](#)

[Evaluation of Patients Rights in cross-border healthcare](#)

[Evaluation of Cross Border Healthcare – Consultation report](#)

[Joint Compendium: Demonstrating Gaps in the e-Evidence Regulation, 20 October 2021](#)

[European Joint Action on Vaccination \(EU-JAV\) Info Day: Strengthening European Cooperation to Fight Vaccine-preventable Diseases – 15 October 2021](#)

[Joint Letter to Social Media Leaders on Nicotine Pouches](#)

[Report on Farm to Fork Conference 2021 – 14 October 2021](#)

[CPME Statement on e-Evidence Regulation COM\(2018\) 225, 9 September 2021](#)

[Report on Launch of the Lancet Countdown Europe, 23 September 2021](#)

[Report on webinar by GGTC on Tobacco Investments in the Pharmaceutical Sector, 23 September 2021](#)

[Report on web-meeting with DG GROW unit on “Professions, skills, services” with Mr Konstantin Pashev, 21 September 2021](#)

[CPME Monthly Bulletin – September 2021](#)

[CPME Session on Professional Practice and Patients' Rights – DRAFT Minutes of the meeting, online, 19 March 2021](#)

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