CPME MEDECINS EUROPEENS
EUROPEAN DOCTORS

MAGAZINE SUMMER 2024

Keeping health a top priority in Europe

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Keep health as a top political priority for Europe

In the context of national elections across Europe, the EU's next legislature is taking shape, and we need to seize this opportunity to continue to deepen our collaboration for the health of all Europeans. The European Council's draft strategic agenda commits to further strengthen health cooperation at European and international level, and the political guidelines for the next European Commission and the Council conclusions on the Future of the European Health Union provide initial blueprints on how to achieve this.

In this edition, we include some vital considerations for the next mandate. The European Observatory on Health Systems and Policies led a public debate that resulted in a collective call for the EU to play a more significant role in health. We provide three clear conclusions on where to act on shortages of medicines, healthcare professionals and medical devices. The Smoke Free Partnership urge for the implementation of delayed tobacco control measures in the Europe's Beating Cancer Plan. In addition, we interviewed Laurent Muschel, Acting Director General of the new Health Emergency Preparedness and Response Authority (HERA). He outlined why the COVID-19 pandemic proved that the European level was the right level for crisis response and guarding Europe against future health threats. This is only a snapshot of the work that lies ahead, and European doctors remain strongly committed partners.

Now we call on policy-makers in capitals across Europe, the renewed von der Leyen Commission, and the European Parliament's newly appointed ENVI and SANT committees to continue building the European Health Union to deliver a coherent long-term vision for health in Europe and beyond.

Dr Christiaan Keijzer

CPME President

Threats to independence of medical profession jeopardise quality of patient care

Dr Jacqueline Rossant-Lumbroso
CPME Vice-President

Trust between patients and doctors can only exist if the doctor's autonomy is real. Doctors in Europe must be enabled to practice free from undue interference of administration, economy or insurances.

Increasing challenges to the independence of the medical profession are being reported by national medical associations across Europe. These threats are multifaceted, originating from political, economic, and social pressures.

Clinical independence is necessary to be able to deliver high quality healthcare and act in the patient's best interest. This autonomy is balanced by the professional responsibility to ensure accountability for a decision to patients and peers.

Independence goes beyond legal liability and has a broader ethical and societal dimension. It is this societal accountability which is also at the heart of the concept of autonomy for the medical profession as a whole.

There are many different ways in which this independence is being challenged.

In France, for example, the financialisation of medicine is spreading.

It is becoming increasingly difficult to control abuses within private practice companies for doctors (*Société d'exercice liberal*). Financiers are entering the capital of these companies, taking effective control, undermining the professional independence of the practicing partners and directing their activities with the sole aim of making a profit, to the detriment of public health. This is particularly visible in certain specialities such as medical imaging and ophthalmology, but could eventually affect many others.

This trend is seen in countries across Europe, where financial actors without medical background or mandate are accessing the ownership and governance of medical facilities as capital investors to skew patient care to the maximum economic profitability of services and restricting doctors in their clinical practice.

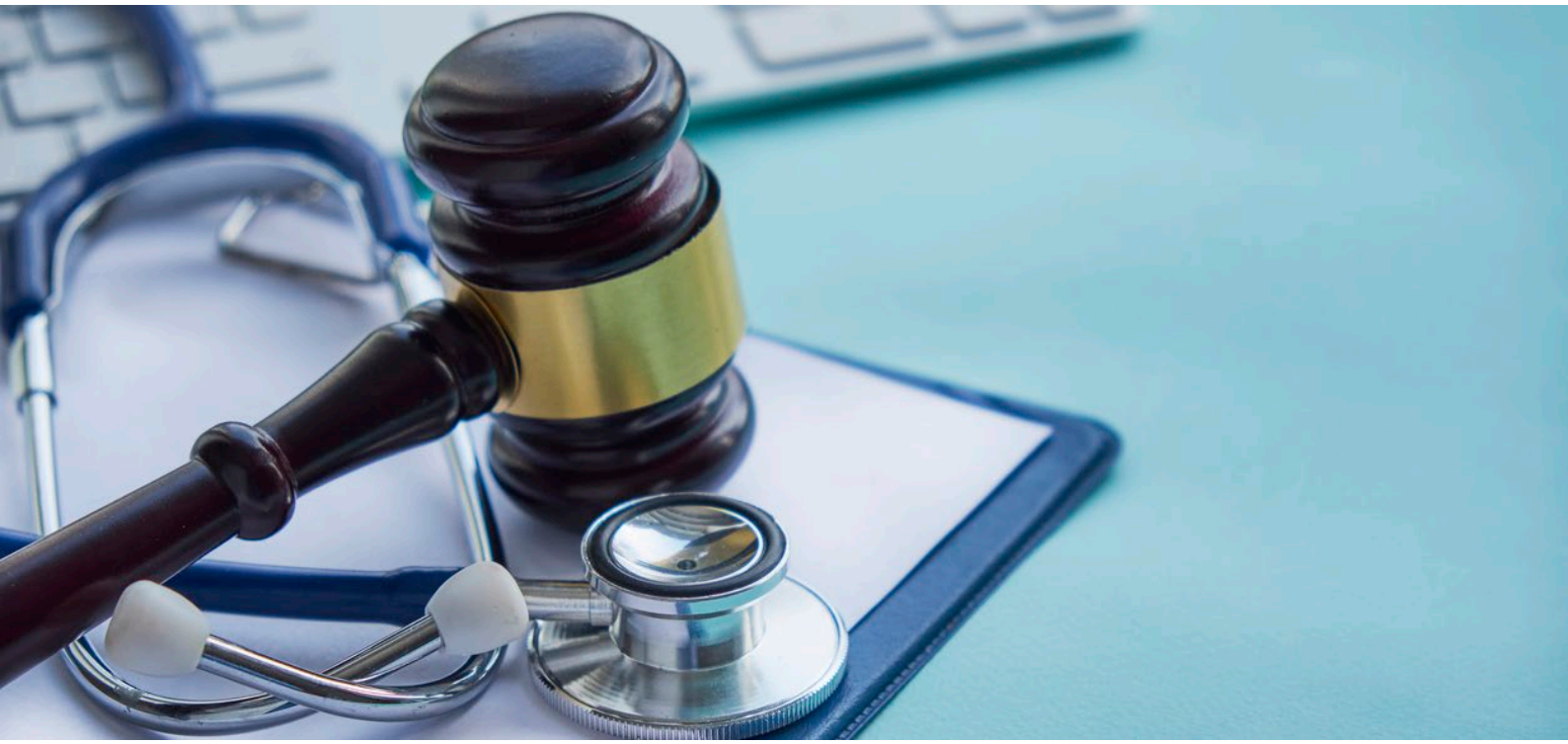
Medical associations are also facing restrictions seriously limiting the ability to take industrial action.

Following concerning reports from the British Medical Association, last year CPME published a statement expressing concern that laws such as the UK's Strikes Act infringe on doctors' right to strike.

The Act gives the UK government the power to pass regulations that define a new minimum service, with barely any consultation, that would undermine legitimate strike action.

In Slovenia, industrial actions have been under strict regulations.

A law was passed that virtually prohibited industrial actions for medical doctors. An appeal to the constitutional court is underway (see page 18).



Furthermore, medical associations voicing their opposition to government policy have faced retaliatory changes to their status, such as the loss of mandatory membership, dismissal of their leadership, or in the most extreme cases even imprisonment of the organisations' leaders.

In Hungary, the Hungarian Medical Chamber (HMC) voiced concerns over a number of reforms in the health sector to centralise healthcare, which may impact the health of their patients.

Consequently, the government ceased the mandatory membership of the HMC, leaving only one month to recollect all members and rebuild the medical chamber.

In a more extreme case, a civil court in Ankara dismissed eleven physicians in Türkiye from their elected positions on the Central Council of the Turkish Medical Association (TMA).

The dismissals followed the conviction of the TMA's President, Dr. Şebnem Korur Fincancı, following an interview in which she called for an independent investigation into alleged use of chemical weapons.

In the current climate, we believe that the existence of robust organisations representing the medical profession strengthens democracy.

Independence is key in making patients' right to health a reality and safeguarding the highest quality of medical practice and autonomy.

Three conclusions to tackle Europe's health shortage crises

In June, CPME and the Pharmaceutical Group of the European Union (PGEU) exchanged views on solutions for shortages in a joint event with policy-makers, academics and professionals.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During the event three panels discussed shortages of healthcare professionals, medicines and medical devices. In this article, we summarise our own conclusions from the event.

1. We need a coordinated EU Health Workforce strategy

During the conference, CPME and PGEU issued a joint press release urging member states and the European Commission to implement a coordinated EU Health Workforce strategy that prioritises retention and recruitment by safeguarding minimum training requirements and lawful practice conditions, as well as investing in planning.

Aris Prins (President of PGEU) opened the conference by saying that shortages of healthcare professionals is global phenomenon. He said it requires a multifaceted response, together with medicines and medical devices.

In a video message, Frank Vandenbroucke (Belgian Presidency of the EU) emphasised that a European approach for shortages in the healthcare workforce is needed, enabling member states to learn from each other, innovate and modernise

Matthias Wismar (European Observatory on Health Systems and Policies) underlined that the health workforce is aging and shrinking numbers of young people are joining. He urged the next European Commission to take a stronger role by supporting Member States in developing a health workforce strategy and streamlining existing frameworks. The panel with Ronald Batenburg (NIVEL) and Adam Rogalewski (EPSU) discussed an integrated approach at European level.

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2. We need to connect the dots on medicine shortages

Aris Prins said medicine shortages have significant impacts on patient care, leading to disruptions and suboptimal outcomes. Karla van Rooijen (Dutch Ministry of Health) said we need to join forces to balance the use of products in healthcare practice without loosening quality standards and maintaining availability.

Emer Cooke, (Executive Director of the European Medicines Agency, EMA) said that medicine shortages are a systemic problem. Cooke recognised that medicine shortages are a multi-stakeholder challenge. There is a need for a stronger and more resilient supply chain and joint efforts with healthcare professionals to tackle them. She said that various crises have affected supply chains. Manufacturing and distribution of medical products are increasingly vulnerable to systemic or sudden changes.

EMA recognises that it cannot solve shortages alone but believes it is possible to limit the impacts with help from stakeholders, such as doctors, pharmacists, and patients.

The panel discussed that doctors and pharmacists need earlier notifications of shortages. 90% of shortages are notified to authorities 48 hours before they occur, or even after the shortage has already started.

Ancel·la Santos (European Consumer Organisation) stressed that mandatory prevention plans, prioritisation and data sharing by the industry in a timely manner is key. Healthcare professionals are essential to communicating information on shortages to patients and consumers.

Momir Radulovic (Agency for medicinal products and medical devices of Slovenia) said that it would be beneficial to bring the production of a selection of medicines back to Europe in a green and sustainable way.

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3. We need more action on medical devices

Peter Bischoff-Everding (European Commission) summarised the legal landscape, saying that an early and targeted evaluation of the medical devices and in-vitro diagnostics regulations will be launched in the last quarter of 2025.

Annabel Seebohm (COCIR) called for a single governance structure for medical devices in the EU, with harmonised methodologies, streamlined processes and pathways for innovative technologies.

Anca Toma (European Patients Forum) underlined that there is a need for transparency and communication regarding shortages of medical devices. She said "If there is a shortage of antibiotics, I know who to talk to. But what about medical devices? The system does not allow patients to get enough information about medical devices."

Toma emphasised the importance of incorporating the perspectives of patients and healthcare professionals and encourage their structural engagement.

The panel also discussed how important is to address challenges in the medical technology sector, such as certification procedures, interpretation differences and availability issues.

Dr Ole Johan Bakke (CPME Vice-President) closed the conference by underlining that we need long-term solutions that address the shortages of healthcare professionals, medicines and medical devices.

Engaging with professionals must be part of the solution.

European doctors welcome conclusions on Future of the European Health Union

We welcomed the Council conclusions as a foundation to keep building the European Health Union, however we urge more commitment and vision for the health workforce.

CPME President Christiaan Keijzer said "European countries have made huge advances in collaboration on health, and we are pleased that the Council conclusions provide a further step to continue building the European Health Union.


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"However, the health workforce remains in crisis, and if we continue in this path it will no longer function to meet patients' needs. We urge member states and the European Commission to implement coordinated EU action on health workforce."

CPME supports urgent policy action to implement the Europe's Beating Cancer plan, and welcomes the Council's call for the Commission to adopt the legislative proposals to achieve a tobacco-free Europe, reduce harmful alcohol consumption and improve health promotion through access to healthy diets and physical activity.

We welcome the Council's commitment to combat antimicrobial resistance and strengthen stewardship and prudent use of antimicrobials. We also underline the need for an effective approach to antibiotic innovation. The proposed Transferable Exclusivity Voucher is not the way forward and are encouraged to see that other solutions are on the table.

We also take note of the emphasis on digital competencies and digital health literacy, and urge for doctors to be involved in the early stages of technology development to be functional in everyday medical practice.

Lancet Countdown and European doctors emphasise better climate policy equals better health

In May, the Lancet Countdown, the Standing Committee of European Doctors (CPME), the Health and Environment Alliance (HEAL) and the Association of Schools of Public Health in the European Region (ASPHER) published the following policy priorities on climate change and health:

1. Prevent heat-related health impacts
2. Prioritise reducing climate-related health inequalities
3. Take urgent action on climate and health

We call for a coordinated approach across all sectors to reduce greenhouse gas emissions, and urge Europe to act now to align climate policies to improve mitigation and adaptation, while protecting public health.

The priorities were developed by selecting key indicators from the Lancet Countdown's 2024 Europe Report on Health and Climate Change.

According to the report, there were over 60,000 estimated heat-related premature deaths in the summer of 2022.

Therefore, countries in Europe should develop comprehensive heat health action plans at national and local levels to promote health equity to protect particularly vulnerable populations.

Dr Ina Kelly, Chair of the CPME Working Group on Climate Change, said:

"A transformational vision is required from our politicians for a more sustainable and resilient Europe".


© European Commission

Interview with Laurent Muschel

Guarding Europe against future health threats: a conversation with HERA's Acting Director General

The creation of the Health Emergency Preparedness and Response Authority (HERA) was triggered by the COVID-19 pandemic.

We spoke to HERA's Acting Director General, Laurent Muschel about HERA's mission to anticipate, prevent, and respond to health emergencies, ensuring that Europe is better prepared for future crises.

What are the main lessons learnt since HERA was established?

During COVID-19 many decisions were taken first at national level without enough coordination, which caused a lot of problems. Bringing the response mechanism to European level helped get vaccines to every European citizen at the same time and at the same price, which was a major success.

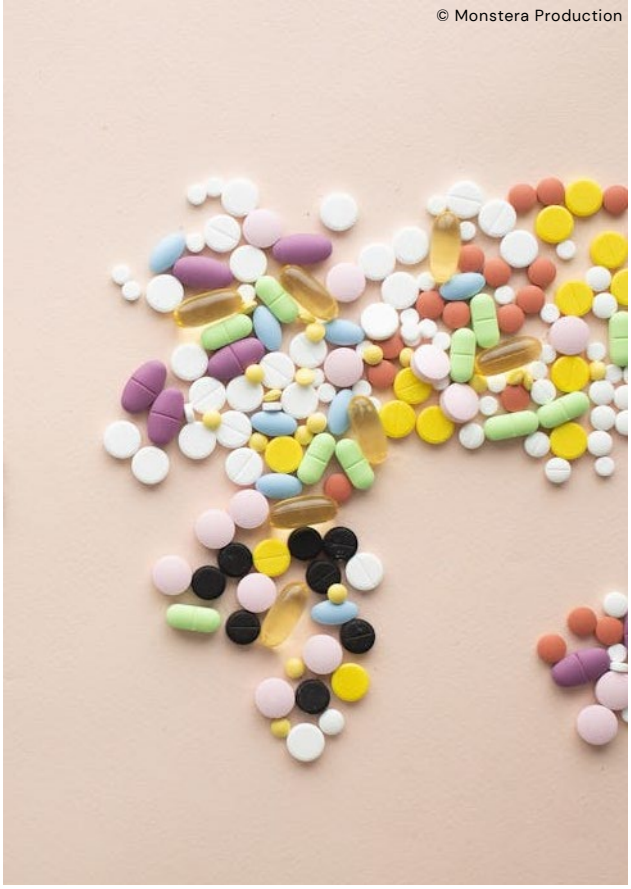
COVID-19 was proof that the European level was the right level for crisis response.

Now we want to prepare for a future crisis, be it a new epidemic or pandemic, a chemical incident, a bio-attack, by terrorists or state sponsored groups.

The idea with HERA is to have an end-to-end approach from research to manufacturing and stockpiling, covering the whole chain.

For example, during the recent mpox outbreak, within one month we directly bought vaccines to be delivered to the people at risk. Now with avian influenza, we have signed a contract for a vaccine adapted to the current strains, and the first doses are already being delivered to people at risk, such as farmers possibly in contact with contaminated animals.

The integrated approach of HERA from research to delivery has never been done at European level before, so it's really a game changer.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How is HERA contributing to tackling antimicrobial resistance (AMR)?

Very few new antibiotics has been developed and commercialised for many years.

There is a real market failure as the pharmaceutical industry is not willing to invest in products which use is limited.

The market for new antibiotics needs public support.

We are looking at additional creative mechanisms beyond what is proposed in the EU's pharmaceutical package.

In terms of push actions, we are supporting the Global Antibiotic Research & Development Partnership (GARDP) to develop new classes of antibiotics. For example, GARDP is developing a new antibiotic for multidrug resistant gonorrhea, which is currently in phase 3 clinical trials.

We are also launching a pull incentive scheme, ensuring a lump sum revenue guarantee upon the sale of life-saving, last resort antibiotics. In return, companies guarantee that the antibiotic will be delivered to any hospital in member states within 24 or 48 hours. We are also looking at a milestone payment for moving from one development stage to another, for example from clinical trial phase 1 to 2. We are also issuing specific research calls for vaccines and alternatives to antibiotics, such as phage therapy.

What is on the future agenda for HERA?

We still don't have vaccines or therapeutics solutions for all pathogens of high pandemic potential. Alongside international partners, we want to make sure that for every pathogen of high risk, we have solutions, or at least some prototype solutions.

Climate change is one of the big drivers. We have funded a chikungunya vaccine, and we need to look at dengue, zika, hemorrhagic fevers, as well as other threats that are more and more present in Europe because of climate change.

Building on this experience, HERA has been entrusted with a new role addressing the shortages of medicines, and supporting the strategic autonomy of the EU in the field of pharmaceuticals. Preparing a Critical Medicines Act will be an important part of the agenda of the next European Commission.

How could HERA involve healthcare professionals in such an agenda?

Healthcare professionals are the key players on the frontline, administering the medical countermeasures that we procure.

We have to engage in a very deep dialogue, and CPME is involved through our civil society forum and the Critical Medicines Alliance, and we have to deepen that cooperation.

We need to get input on what type of medicines are required in the field, and the needs of the health workforce.

For example, we don't have complete data on the needs of medical devices, personal protective equipment (PPE) or on the reality of AMR.


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Why Electronic Health Record Systems need to be feasible, functional and findable

Sara Roda
EU Senior Policy Adviser

The electronic health record (EHR) is an everyday clinical practice tool for the doctor and local teams. It needs to be feasible, functional and findable.

The EHR must be designed in a way that supports healthcare professionals in their tasks and reduces administrative burden.

A provisional political agreement was reached on the European Health Data Space (EHDS) Regulation in mid-March. The implementation will catalyse development of EHRs and provides an important moment to make improvements. This includes the implementation of a European Health Record Exchange Format (EEHRxF), an interoperable framework for the secure exchange of EHRs across Member States.

At the CPME General Assembly in March 2024, our members adopted a statement on electronic health record systems. This new policy provides the views of European doctors for a strategy for an efficient clinical IT framework.

We highlight the challenges of the EHR, pinpointing the need for clinical usability of the EHR without compromising the principles of medical ethics.

What is an electronic health record system?

Electronic health record systems (EHR systems) are any system where the appliance or software allows to store, intermediate, export, import, convert, edit or view personal electronic health data.

The EHDS concentrates on six priority data categories where exchange will be enabled: patient summaries, ePrescriptions, eDispensations, medical test results, medical imaging, and discharge reports. Member States may provide for additional categories to be accessed and exchanged.

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Several electronic health record systems today are old, not working properly, slow and blocking frequently.

Many times, information inserted is lost, and doctors (and other healthcare professionals) need to restart registering the patient information, thereby causing delays to the patient's treatment.

The number of different software that a doctor has to use for a simple consultation can be very cumbersome. Depending on the medical speciality in question, a doctor may have to work with over nine different interfaces for different purposes,.

The purposes range from electronic prescribing to referrals, from reporting infections diseases and deaths to disease registries, from lab results to clinical decision support systems, from team schedules to human resources software.

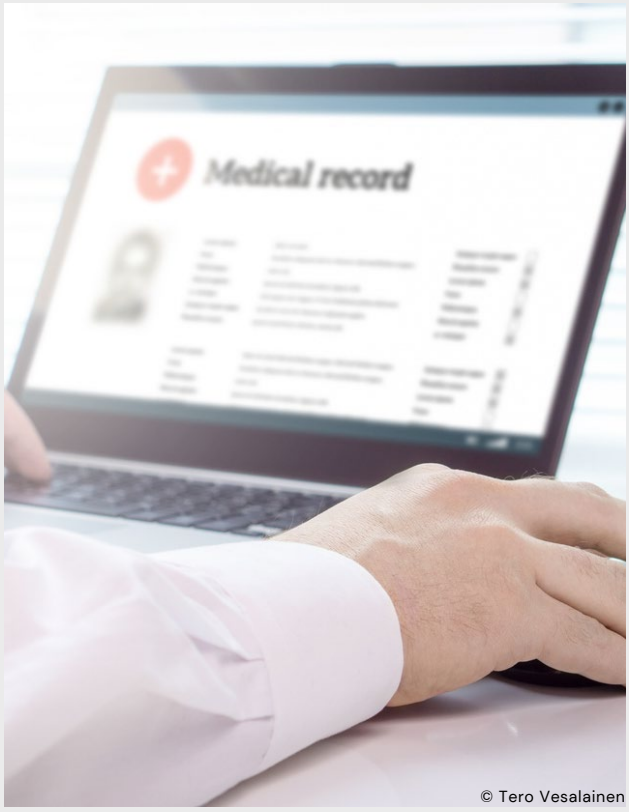
All these different systems, requiring different passwords or steps for identity verification and documents authentication, which can still be dependant on a time-window that elapses while examining a patient, are not user-friendly.

Another challenge is the time wasted in copying and pasting the same information from the patient throughout all these interfaces.

European doctors, as direct users, call for an active role in the development, implementation, and governance of the EHR system.

The EHR system should support trust, transparency and collaboration between patients and healthcare providers.

National access protocols and coding need to be taken into account to avoid disruption and increased workload.



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Organisational capacity needs to be built at national level from the healthcare providers' side and across medical specialties.

A formal communication network composed of medical doctors with IT expertise using current EHR systems needs to be created, to be consulted when developing and implementing the EHR nationally.

Incorporating artificial intelligence for clinical decision support, interoperability of electronic information or making use of real-world data to generate insights and advance clinical research, should become medium-term goals to achieve in EHR systems.

Systems can now be quite plain but should in the future allow these additional functionalities.

To promote doctors' input, CPME is involved in several European initiatives related to EHRs. We take part in the Consensus Panel of the Extended EHR@EU Data Space for Primary Use (Xt-EHR). This is a Joint Action, led by Cyprus which will prepare implementation guidelines, technical specifications, and a conformity assessment framework for the adoption of the EEHRxF. It will focus on the primary use of health data.

We also monitor the xShare project for personal health data portability, which aims to allow patients to share the electronic health record with a click of a button, and engage with the XpanDH project, which intends to mobilise and build capacity in the healthcare sector to ensure the widespread adoption of the EEHRxF. CPME is a committed partner for future projects which adjust EHRs to the clinical pathway.

Delegates gathered at the CPME General Assembly in Ljubljana

Healthcare crisis in Slovenia: Advocating for better conditions, stronger healthcare systems, and protection against violence

Prof. Dr. Bojana Beović
President, Medical Chamber of Slovenia

It was a great pleasure and honour for Slovenian doctors to host the CPME General Assembly in Ljubljana in March.

The conference highlighted the diverse positions and circumstances of the medical profession across Europe. Despite an unfavorable political climate, the Hungarian Medical Chamber succeeded in consolidating its efforts.

Some progress in the working conditions of medical doctors was reported from Croatia. However, the most alarming news came from the UK, where the common issue of medical staff shortages has been addressed by lowering care standards and introducing less-educated professionals to replace physicians.

This alarming news, from Europe as a whole, shows that the time has come for comprehensive, cross-border solutions that prioritise the health and resilience of the medical workforce, ensuring a sustainable and effective healthcare future for all.

Dr. Christiaan Keijzer, President of CPME addressed the Slovenian public at a press conference.

The CPME meetings in Ljubljana took place amid ongoing industrial actions by physicians in Slovenia.

We are very grateful to our distinguished colleagues, Dr Christiaan Keijzer, President of CPME and Dr Joao de Deus, President of the European Federation of Salaried Medical Doctors, who addressed the Slovenian public at a press conference.

They emphasised the right of medical doctors to advocate for better working conditions and remuneration and the necessity of active negotiations. During the assembly, it was also underscored that solidarity and unity among European medical professionals are crucial in these challenging times.

Meanwhile, the strike of medical doctors continues, primarily on a declarative level. The negotiations between the Medical Doctors Trade Union (FIDES) and the government are ongoing, with hopes for at least a temporary solution that benefits the medical profession and, indirectly, the patients who rely on a robust public healthcare system.

Industrial actions by medical doctors in Slovenia have been under strict regulations.

Activities involving the care of children, the elderly, oncology patients, infections, and emergencies were not affected.

The regulations were strictly followed, with many doctors going beyond what was required. After several weeks, most doctors supported the strike by only limiting their work to 40 plus eight hours a week.

Nevertheless, during this period, the government passed a rule further expanding the regulation of industrial activities for the medical profession.

This rule was quickly replaced by a law that virtually prohibited industrial actions for medical doctors.

An appeal to the constitutional court is underway, and the international medical community will be notified if necessary.

© Medical Chamber of Slovenia

Violence against medical professionals, not only doctors, has increased in many countries.

The same situation is observed in Slovenia, where negative media attitudes may have contributed to this violence.

To better control the situation, we have proposed an amendment to the Penal Code, following the examples of some European countries such as Germany and France, to provide better protection for healthcare workers.

According to Slovenian legislation, a law can be proposed to parliament by individual voters with 5000 signatures supporting the proposed change. We have successfully gathered over 7500 signatures! The campaign will continue during the parliamentary discussion of the legal amendment. We strongly believe that the new law will improve working conditions for all healthcare workers.

Medical doctors in Slovenia are fully aware that the profession is changing. To be well-prepared for these changes, we must maintain the highest level of knowledge, skills, and ethical standards. Additionally, it is our obligation to guide and support decision-makers in shaping the future of healthcare.

Public ranks long-term challenges and health determinants as top priorities for new EU

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European Observatory on Health Systems and Policies
a partnership hosted by WHO

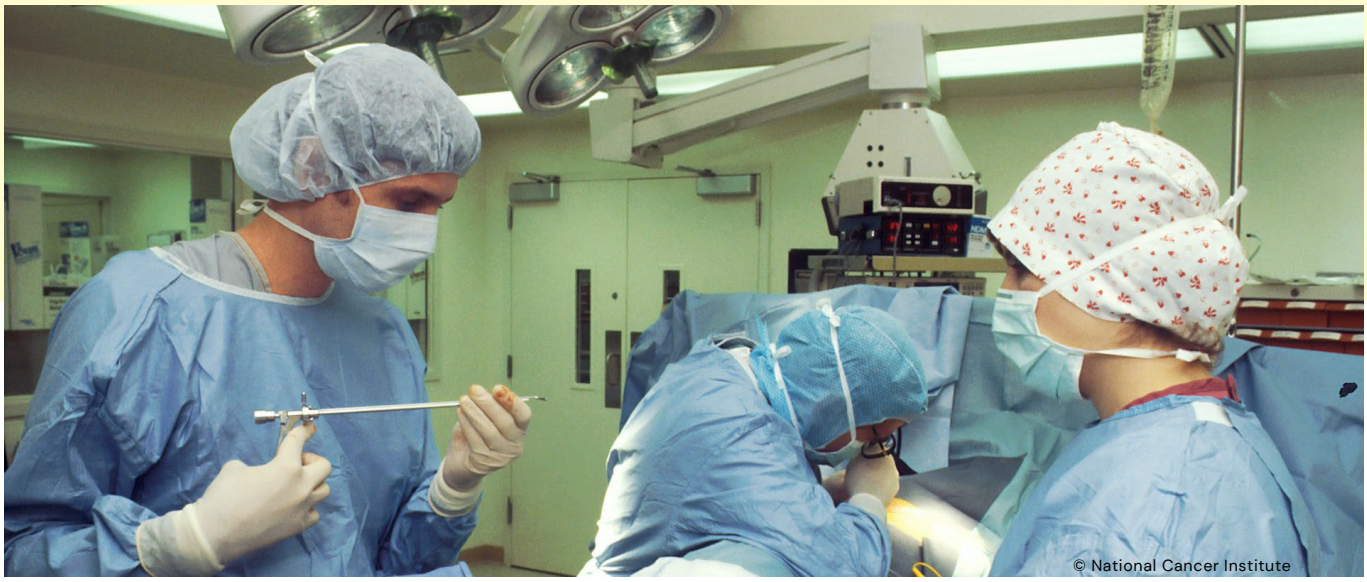
To enhance public health, the post-election European Union should prioritise long-term challenges such as climate change and the ageing population, as well as factors that influence our health, according to a new report.

The findings, derived from a seven-month public debate led by the European Observatory on Health Systems and Policies, highlight a collective call for the EU to play a more significant role in health.

The report, which is based on the public debate commissioned by the European Commission's Directorate General for Health and Food Safety (DG SANTE), outlines the key priorities and actions desired by citizens and stakeholders from a wide range of sectors and mostly from Europe. The analysis included more than 800 responses in conference polls and a survey, plus comprehensive inputs across three webinars.

Participants called for the European Commission to coordinate across its different policy branches.

Collaborating across sectors is considered key to deliver health priorities, making the concepts of 'Health in All Policies' and 'Health for All Policies' important tools for addressing the determinants of health. Interestingly, the topics which garnered the highest consensus in the discussion framework were those least controlled by the health sector alone.



There was consensus on the need for EU approaches to health workforce issues, including better coordination of initiatives and pursuit of EU wide policies.

Significant measures should be taken to mitigate the health impacts of environmental risks, including promoting environmental health and supporting health equity through integrated policies. Participants also considered addressing the needs of an ageing population essential, by improving health services and ensuring that health systems are prepared to meet the demands of older adults.

Public opinion favoured actions designed to achieve universal health coverage (UHC) across the EU, such as ensuring equal access to comprehensive health care services for all EU citizens and financial protection for all. Other recommendations ranged from establishing a common minimum coverage package and a European health insurance scheme to focusing on underserved groups, improving health literacy, and including mental health in UHC policies.

Participants highlighted the importance of EU legal frameworks and instruments in promoting and safeguarding health, such as funding and technical support. They advocated both for new tools and for better implementation and coordination of existing mechanisms.

Aligning educational standards was raised as a key topic in the context of addressing shortages of health workers, regional disparities and managing the demands for new skills.

Better addressing health workforce needs and improving their working conditions to mitigate existing gaps was also discussed. There was consensus on the need for EU approaches to health workforce issues, including better coordination of initiatives and pursuit of EU wide policies.

As the new European Parliament and Commission commence their mandates, the outcomes from this public debate can serve as a source of inspiration, offering innovative ideas, highlighting areas of unmet need and sketching out concrete proposals for action

Digital solutions, health security and strengthening the EU's global voice and leadership were widely discussed but ranked slightly lower. Possible explanations outlined in the report include the "transversal nature of digital solutions, which voters may have perceived as a means to achieving other priorities". The COVID-19 pandemic and sustained EU action on health security may have elicited some voters to opt for other topics that have received less policy attention in recent years.

More than 500 people participated in the opinion polls, ranking the topics by order of importance. Survey responses analysed in the report surpassed 300, from 48 countries, with 81% based in an EU Member State.

Topics beyond the framework were raised with a set of common concerns emerging, namely: non-communicable and chronic diseases, including cancer and cardiovascular diseases; mental health; equity; public health, prevention and health promotion; political determinants of health; and health services and provision to meet patients' needs.

"As the new European Parliament and Commission commence their mandates, the outcomes from this public debate can serve as a source of inspiration, offering innovative ideas, highlighting areas of unmet need and sketching out concrete proposals for action to design health policies that meet EU citizens' needs, wishes and expectations," the report reads.

Stalled Progress: the unfulfilled promises of Europe's Beating Cancer Plan in tobacco control

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When the Europe's Beating Cancer Plan launched in February 2021, the fight against cancer was considered "a main priority in the area of health of the von der Leyen Commission".

While this flagship initiative definitely advanced and harmonised the fight against cancer among EU Member States, when it comes to prevention – especially tobacco control – many promises have been left unfulfilled to this date.

The revision of key tobacco control files – such as the Tobacco Products Directive, Tobacco Tax Directive, and Council Recommendation on Smoke-free Environments – plays a crucial role within the Beating Cancer Plan in so much that one of the Plan's stated objectives is achieving a tobacco-free Europe, "where less than 5% of the population uses tobacco by 2040" .

The European Commission published an Implementation Roadmap to present the different steps it would take in order to revise such files. The first version of the Roadmap was perfectly aligned with the goal of a tobacco-free Europe by 2040: the Commission planned to adopt its proposals on all key files between 2022 and 2024.

However, things went differently. Each file was mysteriously delayed – indefinitely and without an apparent reason.

The Commission's proposal for the revision of the Tobacco Tax Directive was supposed to be published in 2022, as well as the review of the legal framework on cross border purchases of tobacco, while the Council Recommendation on Smoke-free Environment's proposal was supposed to be adopted in 2023.

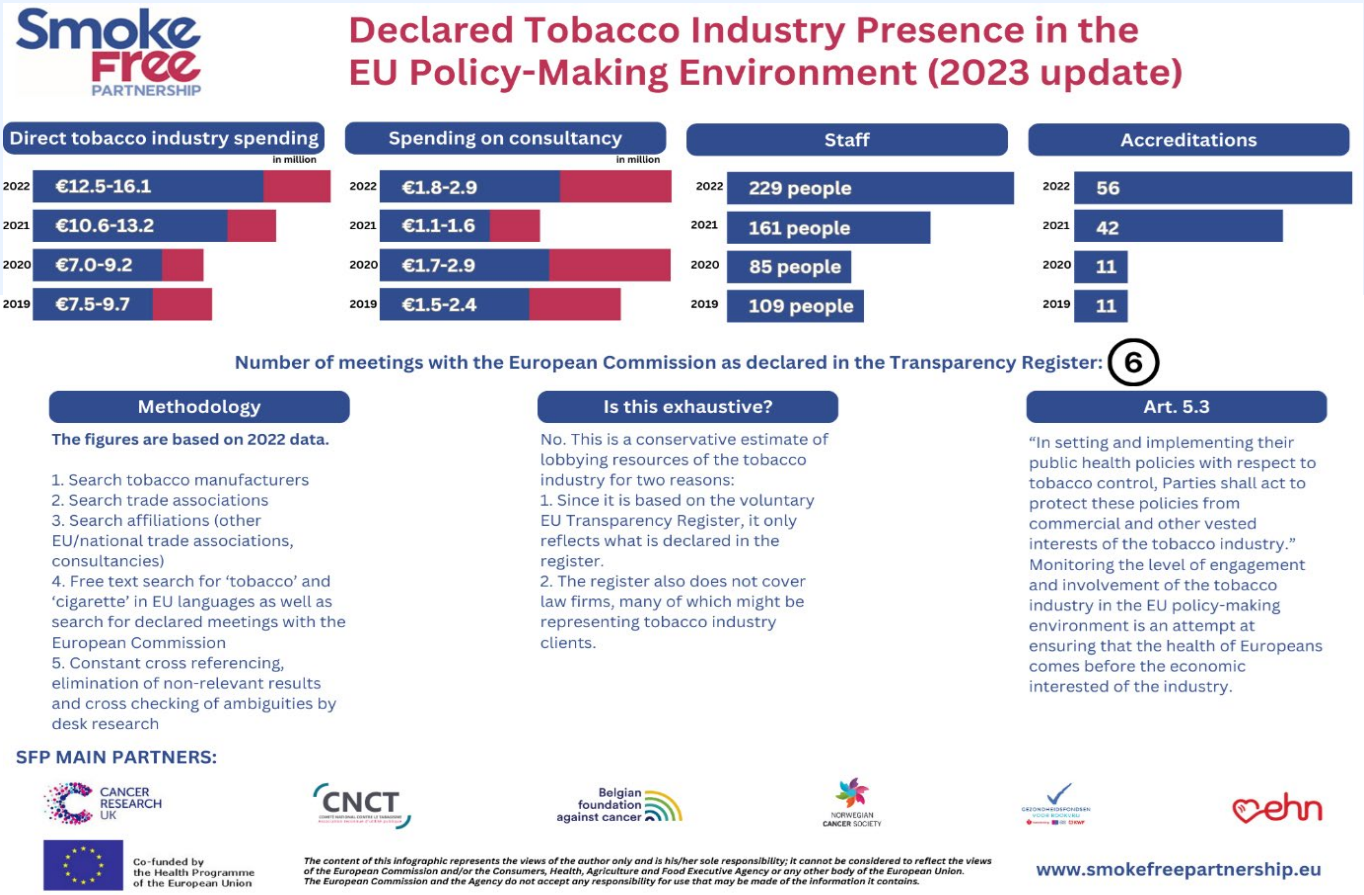
In July 2024, nothing has yet happened. Or rather, something did happen. In January 2024, the Commission published an updated version of the Implementation Roadmap. It's not the first time it has done so. However, the circumstances are different as it seems the Commission tried to do so quietly.

Indeed, the update was not communicated, and the new document is not marked as ''updated' (as previous versions are).

Not surprisingly, the content of the 2024 update is no good news – unless you work for the tobacco industry – as it shows a complete lack of plans to move forward in the much-needed tobacco control legislation.

The proposal for the review of the Tobacco Taxation Directive, which was supposed to come out in 2022, has been indefinitely delayed, with no action points foreseen until 2025.

When it comes to the Tobacco Products Directive, it remains unclear when (if ever) the proposal will be published alongside its evaluation – which is ready and was financed with public money – but will not be released any time before 2025.



The updated Roadmap comes at a time when the tobacco industry spends an exceptionally high amount of money on lobbying activities at the EU level, with a record figure of almost €20 million annually in 2022 (Smoke Free Partnership, 2024).

It seems the industry received a great return on investment. The only winner in this situation is the Tobacco Industry, while the losers are all Europeans, whose health is not being protected.

This is only the tip of the iceberg: the von der Leyen Commission has been one to forget for tobacco control, with nothing delivered on key files other than a vague promise to bring down tobacco consumption to 5% by 2040; a promise that risks to remain unfulfilled if the Commission does not get back on track.

Our biggest hope for the next mandate is that policy-makers in all EU institutions will take the health of European citizens seriously, and immediately resume the legislative process for the adoption of these files, which have the potential to save hundreds of thousands of lives every year.

Digital health literacy - harnessing the benefits of digital health

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AIM Healthcare and social benefits for all

For individuals to be able to take control of their health data, it is essential that they have the skills to do so. This is why AIM has been advocating for the improvement of health literacy and digital health literacy for years.

Literacy is a requirement to have patients play the role in their own health care management. They need to understand how to make healthy lifestyle choices on the one hand, but also how to harness digital tools to do so on the other.

A political agreement has been found on the European Health Data Space (EHDS) and we welcome that the final text includes digital health literacy. Health literacy is one of the preconditions for understanding one's own health and this includes digital health literacy in an ever more digitalised world.

Digital health literacy is defined as "(...) ability to search for, understand, appraise, and apply online health information, and to formulate and express questions, opinion, thoughts, or feelings when using digital devices."

On 12 March, our Belgian members together with the Belgian Presidency, Sciensano, the Belgian Public Health Institute and AIM organised a conference on this subject. We discussed the determinants of digital health literacy, challenges for citizens, the role of the health ecosystem as well as of authorities. A policy brief with recommendations to the EU Member States, the health ecosystem and to the citizen was issued.

Improving digital health literacy is a multi-facetted challenge

Digital health literacy is a complex notion that is affected by a wide range of aspects: inequities, lack of skills, lack of access to internet or digital services, lack of trust and interest. Acting on the infrastructure and skills alone will not ensure better levels.

Access to infrastructure and the tools is a prerequisite to developing skills that are necessary for each individual to fully use the benefits of digital health care.

Digital literacy is on the one hand about understanding how to take responsibility about the right and healthy life choices, but also how to use digital tools to accommodate for that on the other hand.

It is the responsibility of institutions, governments and health services to be digitally inclusive.

Patients need to have the right skills to be able to take full advantage of the benefits of a digitalised healthcare.

As rightly stated in the text of the European Health Data Space, governments and local authorities should support digital health literacy and raise awareness.

No one should be left behind in this digital transition.


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Co-creation and cooperation are necessary

Cross-sectoral action and inclusive cooperation are necessary. In developing digital tools for health, patients, doctors, health insurers as well as authorities need to work hand in hand to co-create the right tools, to guarantee a high level of patient centredness, security as well as the easy and intuitive handing of those tools.

Needs of users need to be considered and they should be empowered to use those tools and services.

Governments and local authorities need to make sure that there is a well-developed digital infrastructure across the countries, especially also in rural areas.

Digital and physical healthcare provision should go hand in hand

Lower socio-economic groups, people living in poverty are the most vulnerable in ensuring universal access to health care. Some citizens do not have access to services online for different reasons such as lack of skills, infrastructure or even motivation /will. Access should be guaranteed offline for those people.

All stakeholders need to ensure that people are accompanied in becoming more literate on health, but also are assisted in using digital tools and understand what choices they make when providing access to their data. Doctors, patient organisations and not-for-profit solidarity-based health insurers should work hand in hand to guarantee that digital health stays an additional tool to the physical contact between patients, doctors and their health insurers.

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