

Climate change

**Action is a necessary and immediate priority for
the healthcare sector**

TABLE OF CONTENTS**Letter from the President**

- ▶ A moment to reflect on the value of the medical profession 3

Editorial

- ▶ Climate change: Action is needed and must be an immediate priority 4

Latest news

- ▶ European healthcare professionals unite for the future of vaccination 7
- ▶ European doctors urge EU to restore balance in pharmaceutical sector 8
- ▶ European Health Data Space: stakeholders and MEPs discuss challenges and opportunities 9

Featured

- ▶ European Health Data Space: European Doctors' six key requests 10
- ▶ Violence against health professionals – how can doctors take action? 13
- ▶ Greening the healthcare sector in Europe – the action has to start now 15
- ▶ Ukraine Medical Help Fund continues to support healthcare system under attack 18
- ▶ Push and pull: How do we pay for new antibiotics? 21

News from Members

- ▶ The Czech Medical Chamber rises to ongoing challenges 24

Guest articles

- ▶ To protect health, doctors must take action on climate 26
- ▶ Doctors and veterinarians: Let's strengthen collaboration further! 28

LETTER FROM THE PRESIDENT



A moment to reflect on the value of the medical profession

We are deeply saddened by the devastating earthquake in Turkey and Syria on 6 February. Our thoughts are with everyone who has been affected, and our admiration and solidarity is with the healthcare professionals who have responded with such bravery and commitment to save lives.

Our colleagues in the Turkish Medical Association (TMA) set up an Earthquake Crisis Desk in the hours immediately after the disaster and have been working tirelessly to respond and provide information on the needs of the healthcare system to the Ministry of Health.

Such crises are deeply challenging, but also provide a shared cause for us to work together and find common ground to be stronger in the future.

On 8 February, the entire Executive Committee of the TMA was due in court, and all [face dismissal](#), on arbitrary charges. Proposed legislation may also threaten the existence of the association itself. We hope this period of crisis response and recovery can provide a valuable moment to reflect on what is truly important.

The independence of the medical profession is central to our service to patients, the healthcare system and society as a whole. This balance of autonomy and responsibility is a reflection of a free, democratic society, and it is important for policy-makers not only to enable our profession's autonomy but also to defend it. This allows us to act as a constructive partner in addressing public health priorities, including working together to help protect lives during such challenging times.

A handwritten signature in black ink, appearing to be 'C. Keijzer', written in a cursive style.

Dr Christiaan Keijzer

CPME President



Climate change: Action is needed and must be an immediate priority



Dr Ole Johan Bakke
CPME Vice-President

In recent years, the awareness of the impacts of climate change on public health has risen and also our understanding of the emissions of the healthcare sector itself.

Whether that be the short-term impact of a heat wave on public health or the longer-term impact of onset of disease in polluted environments, it is clear that climate change has an enormous impact on health and healthcare.

Climate and public health are intimately linked and now it is clear: action on climate change has become a necessary and immediate priority for the healthcare sector.



We call for an update of the EU ambient air quality standards to fully align with the new WHO guidelines by 2030 at the latest.

In Norway, I work as both a general practitioner and a public health officer, working at the local level to improve the public health of our community.

We are fortunate to have the resources and political will to address some of the challenges. For example, the urban planning in cities such as Bergen and Oslo has reduced the impact of air pollution on citizens.

But we see that there is still further potential to better develop societies to prevent conflict between all sorts of pollution and human beings.

However, if our local efforts are not to have sufficient impact, we need to act at the European and global level as well.

CPME is currently working on a policy paper on climate change. One of our messages is to call on political leaders to ensure that the targets of the European climate law will be met by a wide range of climate actions (see our article on page [15](#)).

One of our concrete calls to the EU is to update the air quality standards to fully align with the WHO guidelines and the scientific evidence on the health effects of air pollution by 2030 at the latest.



There is a great deal of injustice in the way climate change affects different parts of the world.

Heatwaves, droughts and wildfires have impacted people's health in many European countries during the past years.

However, it is often those who are less well off who suffer most, as the emissions in industrialised countries greatly affects environmental and health determinants in low- to medium-income countries, especially in Africa.

European doctors have raised the issue to one of the highest priorities of our organisation.

We also recognise that we have to take actions ourselves, both as professionals and individuals, as highlighted in the guest article by Healthcare Without Harm (see page [26](#)).

The climate footprint of the health system is important, and possible to reduce, as underlined in our article on page [15](#).

Climate change is the most important threat to health for human beings in the near future, action has to be taken by each one of us, the healthcare sector and society as a whole.

We owe this to future generations.

European healthcare professionals unite for the future of vaccination



Stefan Schreck (DG SANTE, European Commission) at the Coalition for Vaccination Conference

On 17 January, nearly 100 experts from across Europe gathered to discuss European and national vaccination policies and healthcare professionals' role in increasing vaccine confidence and uptake.

The [Coalition for Vaccination conference](#) brought together healthcare professionals, students, policymakers, civil society, researchers, and the general public.

“Healthcare professionals are trusted sources of information on vaccination.”

Participants, including representatives from the European Commission, WHO/Europe and the Permanent Representation of the Czech Republic, stressed the need for us to work together to close vaccination gaps.

Over the past two years, the EU co-funded IMMUNION project has supported the Coalition by developing education and training resources for healthcare professionals, advocacy materials and campaigns on vaccination, as well as tools for national authorities to help increase vaccine uptake, with a focus on Italy, Greece, Latvia and Romania. All resources are available on the Coalition's [website](#).

Stefan Schreck (DG SANTE, European Commission) said “Healthcare professionals are trusted sources of information on vaccination for many people. They can also be role models for other health professionals, by getting vaccinated themselves.

“The Coalition for Vaccination was convened by the Commission in 2019 and has today become so mature that it organises its own conferences!”

European doctors urge EU to restore balance in pharmaceutical sector

Our recently published [position](#) on the revision of the European Union's general pharmaceutical legislation urges the EU to restore balance to the pharmaceutical sector in the interest of patients.

We outline four priority areas:

- improve availability and ensure affordability of medicines;
- ensure more resilient supply chains;
- review the current system of incentives to address unmet medical needs;
- and ensure safety and quality of medicines.

CPME President Dr Christiaan Keijzer said “The EU has an opportunity to restore the balance in the pharmaceutical sector in the interest of patients and healthcare systems. This opportunity should not be missed.

“The revised legislation must ensure a high level of public health protection and the quality, safety and efficacy of authorised medicines.”



Given the unequal access to medicines in the European Union, European doctors propose that pharmaceutical companies should be obliged to launch their products in all Member States. Linked to this, there is a need for a balanced and proportionate system of conditional incentives.

To avoid the increasing number of advanced medicinal products entering the market with limited information on safety and effectiveness, the revised legislation should also limit the use of accelerated and conditional procedures.

Read our [position here](#).

European Health Data Space: stakeholders and MEPs discuss challenges and opportunities



On 11 January 2023, the European Health Union Network (EHUN) met for the second time in the European Parliament to discuss the challenges and opportunities of the European Health Data Space (EHDS).

The EHDS would make it possible to share and re-use health data in the European Union, both for the primary use of improved healthcare to patients, or secondary uses such as research, innovation, or to aid policy-making for public health.

The event's host, MEP István Ujhelyi, outlined that the EHDS could be a huge step forward for better healthcare and put the EU at the global forefront of health data. However, there is a long road with many challenges ahead. MEPs Juozas Olekas, Victor Negrescu, Sirpa Pietikäinen, Alex Agius Saliba, Tomislav Sokol, and Petar Vitanov joined the debate with a broad range of stakeholders.

MEP Sokol, rapporteur on the EHDS for the ENVI committee, said that strong financing and a realistic timetable are required to fully implement the ambitions of the EHDS. He also highlighted the need for coherence with other EU legislation, such as GDPR.

Health stakeholders called for high standards of data protection and security, especially concerning the secondary use of data, and confirmed that patients should be informed about who has had access to their data and why (see our six key requests on page [10](#)).

The EHUN initiative is coordinated by the office of MEP István Ujhelyi and CPME with the support of the International Association of Mutual Benefit Societies (AIM), European Patients' Forum (EPF) and the European Hospital and Healthcare Federation (HOPE). The first meeting was held in June 2022 and further meetings are foreseen later this year.

European Health Data Space: European Doctors' six key requests



Sara Roda
EU Senior Policy Adviser

The patient–doctor relationship will need to evolve into a different setting – the electronic format at mass scale.

The European Commission proposal for a [Regulation](#) on a European Health Data Space (EHDS) is steering the debate in the Brussels bubble – and rightly so!

The EHDS aims to make the EU a world leader in health data access and sharing. It puts in place a framework for health data sharing across borders between public authorities, between private and public authorities under specific conditions, and between private entities themselves.

The proposal confers new rights to individuals in relation to their health data. The most important one relates to having access and receive health data in an electronic form.

The electronic health data may be used for:

- **primary use** for diagnosis and treatments,
- and **secondary uses** such as research, innovation, or to aid policy-making.

In November 2022, we published our [position](#) on the EHDS. Here we outline six key requests.



1. Small medical practices should be excluded from making data available for secondary use

Doctors are defined as ‘data holders’ and will need to provide health data when requested by the Health Data Access Bodies. This could happen several times a day. An exception exists in the legislation for micro-enterprises, and this should be extended to small medical practices.

For CPME, doctors must only provide data under the primary use regime (diagnosis and treatment) and directly into the patient’s electronic health record (EHR). We call this the ‘once-only principle’. It should then be up to the public authority responsible for managing the EHR system to make the data available for secondary use while respecting EU and national law.

This is the only way to preserve the patient-doctor relationship, trust, medical ethics, professional secrecy, as well as to realistically manage health data in already strained healthcare systems.

2. Data quality in the European Health Record needs to be ensured

The EHR is a clinical tool and data needs to be concise, accurate, relevant and validated. It must be therefore possible for a doctor to see data imported by the patient and easily select what to see in a query. Any rectification requested by the individual must be made in the presence of an identified competent registered doctor or healthcare professional with the necessary competence.

3. Legal accountability must not go beyond the doctors’ competency

Doctors can only be responsible for the data they input in the EHR, and there should be boundaries to what they can reasonably check in a short time frame. And if information is blocked by a patient, then a notification of such absence in the file must be made mandatory.



4. The costs of digitalisation cannot be placed on doctors

Member States need to plan in advance and foresee national budgets to directly support healthcare professionals. Digitalisation of a medical practice needs to be voluntary, as it implies infrastructure costs, time, training, software maintenance, among other considerations.

5. Allow Member States a differentiated approach to secondary use

Data categories should not all be treated in the same way. For example, genetic data and biobanks vs reimbursement data. Member States should have the flexibility to decide on whether to allow individuals to opt-out, opt-in, or a conditional consent with mandatory ethics committee involvement, by data categories, purposes, and even data users. A technical solution could bridge primary and secondary use, while at the same time support data altruism cases.

6. The EHDS cannot compromise principles of medical ethics, confidentiality and professional secrecy

The national requirements for access to electronic health data, such as the consent of natural persons, a right to object to the disclosure of their health data or the involvement of ethics committees, must be met before providing access to electronic health data.

What is next?

The Proposal cannot be only assessed and discussed in the Brussels bubble. Member States need to effectively ensure the involvement of national stakeholders, in particular medical associations and patients, as cultural traditions will play a major role when implementing ethical and privacy safeguards. The data economy must not lead to unequitable access to healthcare and no detrimental effects should fall upon those unwilling to share health data.

Violence against health professionals – how can doctors take action?



Photo credit: People Images



Sarada Das
Secretary General

Shocking acts of violence against doctors and other health professionals have made headline news in recent months.

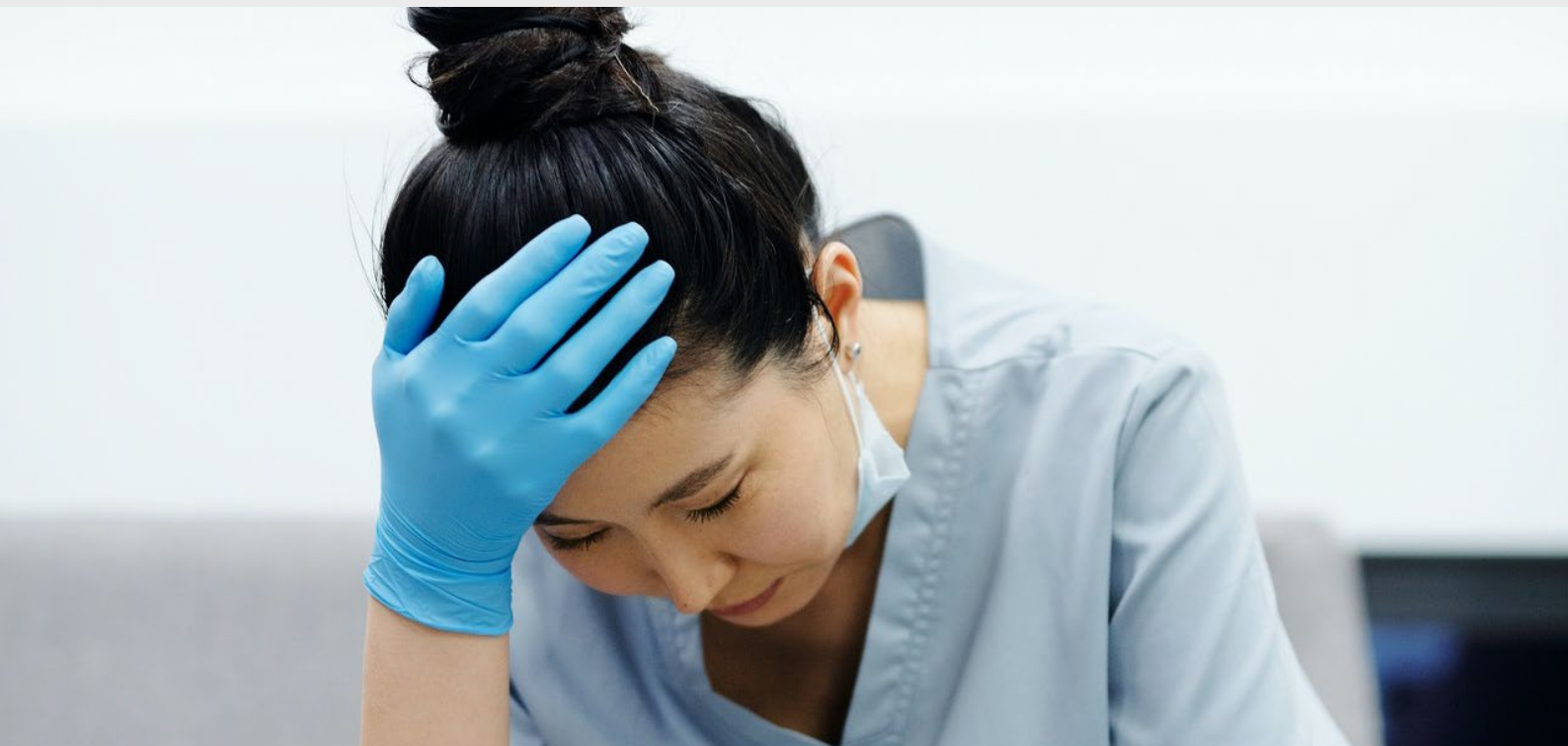
Acts of aggression can cause material damage, physical and psychological pain, and in the most extreme cases even the death of a doctor.

However, doctors know that such events and the increase in violence against doctors predate the pandemic significantly.

CPME joined a working group led by the European Council of Medical Orders (CEOM) to find solutions to this worrying trend.

One of the first decisions was to create an annual awareness day on 12 March which aims to raise attention among health professionals, policy-makers and the public alike and catalyse action.

It was explicitly intended to extend the scope of the day beyond the medical profession to all health professionals to emphasise the breadth of the problem and the solidarity among colleagues. The working group also agreed to broaden the concept of violence to include burnout, in recognition of the burden this condition poses.



In March 2022, CPME joined forces with the European Public Health Association section 'Health Workforce Research (EUPHA-HWR) and co-hosted a [webinar](#) entitled 'The health workforce – in need of a 'booster' for mental health protection and violence prevention'.

The opportunity to consider the topic both from a professional and an academic perspective deepened understanding and highlighted the importance of recording and analysing incidences of violence to be able to document trends and changes over time as well as evaluate perception against fact. It also helps to assess the effectiveness of action taken.

At the recent CPME general assembly in October 2022, violence against doctors and burnout among doctors was discussed extensively against the background of the general state of emergency the medical workforce is experiencing in many countries as a result of the extreme pressures on health systems.

In 2023 we are committed to continuing our joint activities on this important topic to ensure that the victims of violence are not forgotten.

The European Awareness Day of Violence Against Doctors takes place on 12 March

Greening the healthcare sector in Europe – the action has to start now

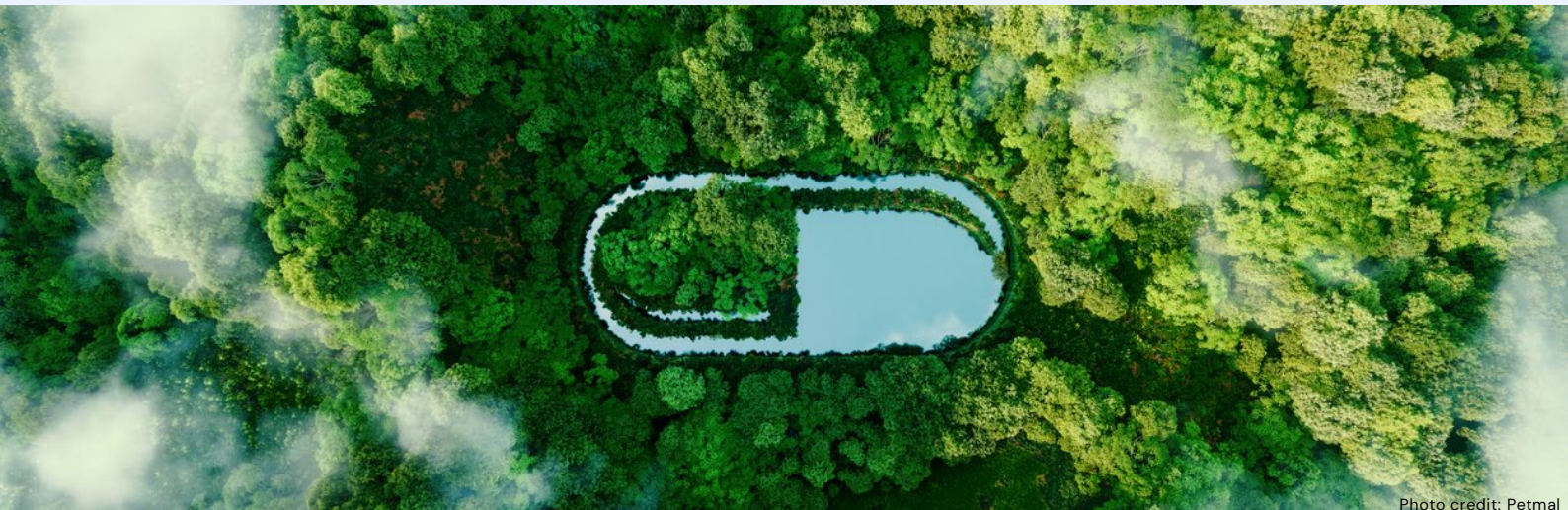


Photo credit: Petmal



Markus Kujawa
EU Policy Adviser

“Concerted climate action was needed yesterday – but we can still act”,

Those were the words of WHO/Europe Director Dr Hans Kluge in November at the start of the 2022 United Nations Climate Change Conference (COP27). He also stated that climate change and the crises it has triggered have long been clear health emergencies.

After the COP27, the delegation of the European Parliament stated that “2022 has been a lost climate year” but presented more ambition and support for those suffering from climate change.

The Members of the European Parliament are currently negotiating with the EU Member States on the “Fit for 55 in 2030 package” to enable the EU to reach the more ambitious 2030-target. The European Parliament and the Council of the EU have already made a political agreement for stricter rules for example on greenhouse gas emissions and a zero-emissions target for new cars.

These negotiations are expected to be finalised in the coming months. The package is part of the European Climate Law, adopted in 2021, which aims to cut greenhouse gas emissions by at least 55% by 2030, and make the EU climate neutral by 2050.



Photo credit: Jatuporn Tansirimas

During recent years, European doctors have become more and more vocal about the impacts that climate change has on health.

In November, CPME published a [statement](#) highlighting that action on climate change is a necessary and immediate priority for the healthcare sector as healthcare systems must become carbon neutral in the future.

The statement calls on European, national and local level policy-makers to ensure that the targets of the European climate law will be met by reducing emissions of greenhouse gases through more sustainable energy management, transport, and food choices which also result in improved health.

In October, the European Commission published its proposal for the new standards on ambient air quality.

Unfortunately, they do not propose a full alignment with the WHO limit values or address the urgency to act. Next, the proposal will be considered by the Parliament and the Council.

We call for the EU to update the current ambient air quality standards to fully align with the WHO guidelines by 2030 at the latest.

CPME has also called for this in the annual policy briefs published in collaboration with the Lancet Countdown, a global initiative to track progress on health and climate change. The latest [brief](#) focuses also on the greening of the healthcare sector.

Healthcare services have a key role to play in reducing their own carbon footprint and achieving net zero emissions.

The sector must adapt and become resilient to climate change. De-carbonising healthcare services is of great importance as globally the health sector accounts for 4.4% of greenhouse gas emissions, and even more in certain European countries.

Greening the healthcare sector is possible for example by improving energy efficiency of hospitals, and regulating the procurement of pharmaceutical products, food, medical devices, and other hospital equipment, ensuring low-carbon, sustainable supply chains.

Greening the lifecycle of pharmaceuticals and medical devices, and bringing their production plants closer to the end-users is also important. Moreover, the waste management systems of healthcare settings can be developed further.

Doctors are seen as trustworthy sources when it comes to giving health information to people. Therefore, they have a key role in raising awareness of the health impacts of climate change among their patients but also policy-makers.

Healthcare professionals can also address policy areas beyond health such as energy and transportation, advocating for more sustainable and renewable approaches.

The people who are least responsible for human-induced climate change are suffering the greatest consequences.



Higher levels of environmental risk are often found in disadvantaged population subgroups. Inequalities in environmental exposure occur between countries and within countries and local communities, where they contribute to health inequalities.

Doctors can also act as ambassadors of the right to health, lobbying their health authorities for better health care particularly for disadvantaged groups.

Climate change is the biggest global health threat in the 21st century. Therefore, it is crucial that the healthcare sector in Europe and beyond reacts to it. We need to adapt to and mitigate climate change to improve people's health and save more lives. The action has to start now.



A warming tent delivered by the Ukraine Medical Help Fund to help people who are without electricity

Ukraine Medical Help Fund continues to support healthcare system under attack

Further help for the besieged people of Ukraine has been delivered in recent weeks by the Ukraine Medical Help Fund.

A shipment of warming tents, generators and fan heaters has been set up in the cities of Kiev, Mykolaiv and Kherson to help people in high-rise buildings who are without electricity, heating, water and warm food.

The Fund, coordinated by the World Medical Association (WMA), CPME and the European Forum of Medical Associations, donated €100,000 to fund the shipment, which cost a total of €150,000.

This comes with the assistance of a joint fundraising campaign "Warmth for Ukraine" by Hope for Ukraine e.V. Dresden and the Saxon State Medical Association with support from the Bavarian Medical Association.

It is the latest in a series of deliveries since the beginning of the war in February 2022.

A major delivery of trauma care medicines and medicinal products was delivered in early February 2023, in addition to two previous large deliveries last year.

The Fund has now successfully delivered material aid to Ukraine, including:

- Three major shipments of medicines and medical devices, mainly for trauma care;
- Birthing beds for a neonatal care centre in Mykolaiv;
- Intensive care materials for hospitals in the Cherkasy Region;
- Neurosurgical equipment for the neurosurgery department at the National Military Medical Clinical Centre Kiev;
- Large shipment of tourniquets for Odessa;
- Warming tents, generators and fan heaters to the cities of Kiev, Mykolaiv and Kherson.

The support has made possible by more than €2.7 million in donations. Most notably we are grateful for the financial support from the Japan Medical Association, which, although far away from the warzone, provided the largest part of the donations. Not to forget other big contributions of member associations and smaller, but nevertheless important contributions from individuals and companies.

We are not alone. The assembly of the big material packages was guided by Dr Leonid Eidelman and the team at the Israel Medical Association, which also sponsored the transport of goods to Ukraine. We work with the help of the State Chambers of Physicians of Saxony and Hesse and the humanitarian NGOs "Freedom to Ukraine" in Ukraine and "Hope for Ukraine" in Dresden, Germany. Their cooperation in acquisition and transportation is greatly appreciated.



A shipment of trauma care medicines and medicinal products being unloaded in Kiev, where they are distributed to hospitals according to requests received.

However, as we all know, the war is not over. We must continue our efforts and we will not give up.

Further donations are vital to continue to support our Ukrainian colleagues and their work for their people.

Our engagement is still necessary, and we guarantee that all funds will be used for the relief work we are doing in Ukraine. There will be no overhead taken for our work or administration – all that comes in will be used to provide medical help in Ukraine, from trauma care for wounded persons to the protection from the freezing temperatures.



DONATE TO THE UKRAINE MEDICAL HELP FUND

**World medical
community
stands in solidarity
with Ukraine**

The World Medical Association is managing the bank account of the Ukraine Medical Help Fund to serve these common efforts.

We are grateful for any donations to the following account:

Bank & Domiciliation

**SOCIETE GENERALE
ANNEMASSE ENTERPRISES (04335)**

International Banking Account &
Bank Identification Code

**IBAN: FR76 30003 04335 00050005353 78
BIC: SOGEFRPP**

Account Owner

**ASSO MEDICALE MONDIALE
13A Chemin du Levant
01210 FERNEY-VOLTAIRE
FRANCE**

Push and pull: How do we pay for new antibiotics?



Marcin Rodzinka-Verhelle
EU Policy Adviser

Doctors are running out of antibiotics to treat patients.

Governments and institutions worldwide have invested billions of euros to push research and development to discover novel antibiotics. Yet, no new classes of antibiotics have been discovered since the 1980s.

The upcoming revision of the EU general pharmaceutical legislation is an opportunity for a new approach.



Photo credit: Bin Kontan

As antimicrobial resistance (AMR) increases, there is a consensus that both push and pull incentives are needed to stimulate antibiotic development.

The pharmaceutical industry argues for greater alignment of funding and pull incentive schemes to deal with the threat.

The challenge with the antimicrobials market is that they are unable to generate unit sale-based revenues large enough to sustain investments, while it is in the interest of everyone to administer as little as possible.

A new approach is needed.

A new comprehensive alternative market model is needed to ensure sustainable and equitable access to antibiotics. While push incentives have been widely considered and implemented, the pull side is still very much under debate.



Photo credit: Ligoroko

The cost of the proposed transferable exclusivity voucher, from both a social and health perspective, may be too high.

One of the proposed pull incentives is a transferable exclusivity voucher.

This voucher would allow the developer of a novel antibiotic product to benefit from an additional period of market protection on another product in its portfolio. The voucher could also be traded to another company.

This incentive is based on a broader framework for regulating the pharmaceutical market and the protection awarded to registered and marketed medicines existing in the European Union.

The vouchers do not require direct funding from national governments and often are pictured as effective and sufficient tool.

However, indirect costs for health systems and ethical considerations seem to outweigh its potential benefits.

Firstly, the funding of this incentive is based on a significant extension of the protection period for other medicines. This may mean a disproportionate level of subsidising one area of healthcare at the expense of another. This would also have the effect of delaying generic market entry, which undermines competition and takes away market predictability. The total cost of this incentive, from both a social and health perspective, may be too high.

Secondly, vouchers do not contribute to the rational consumption of antibiotics, because they still make additional profit conditional on the quantity of the product sold.

To help fighting AMR, the vouchers would have to apply only to antibiotics that meet public health needs, and that the public health value is demonstrated through showing benefit in clinical situations against multi-drug resistant infections.



Photo credit: Vitalii Petrushenko

Due to the nature of the use of antibiotics (the less the better), the current market model is not appropriate and is not in line with public health objectives.

A new incentive is needed to decouple the revenue from the new antibiotic from the quantity sold (delinkage).

Examples of such incentives are market entry rewards, guarantees for minimum turnover and milestone payments. These direct payments are paid to developers for bringing a product to the market or contributing to a certain stage of R&D, without linking it to the sale volume.

In the past, the European Commission awarded the Horizon prize for better use of antibiotics. The added value of the prize system is, unlike patents and monopolies, rewarding innovation that brings social value and addresses unmet medical need.

In the fully delinked model, the payments are the main revenue for the antibiotic while units are sold at a contractually agreed price.

Market entry rewards, if implemented correctly, promote stewardship and access.

Importantly, the prize system requires significant upfront public investments. However, through reallocation of resources that are already dedicated to encouraging innovation through the intellectual property rights system, this would not generate additional public spending.

A number of initiatives have demonstrated the value and potential of such models e.g., DNDi and GARDP.

The European Union should build on these examples and implement them broadly, also as non-legislative measures, including in the European Health Emergency Preparedness and Response Authority (HERA).

The Czech Medical Chamber rises to ongoing challenges

Dr. Milan Kubek

President, Czech Medical Chamber



On the occasion of the Czech Presidency of the Council of the EU, the CPME Board and General Assembly meetings took place in Prague on 27–29 October 2022.

The Czech Medical Chamber had the honour to organise this meeting for the second time, the first taking place in March 2009.

The meeting started with warm video greetings by the Czech Prime Minister Prof. Petr Fiala, who praised doctors' admirable service during the pandemic.

He highlighted that health is a key area to deepen European cooperation and thanked CPME for its leading role.

The opening conference was devoted to healthcare financing and investments in the healthcare sector. I had an opportunity to open the conference and emphasised that if we really care about the future of healthcare, then we must primarily invest in healthcare professionals.

While technology can be replaced in a couple of weeks, it takes approximately ten years to train a fully qualified doctor.

Deputy Health Minister Jakub Dvořáček, who is in charge of cooperation with the European Union, talked about how national ministries can leverage European funding and the health priorities of the Czech Presidency to the EU, such as improving the EU's preparedness for further health crises.



The meeting was a joyful event at the end of a difficult year for our country. 2022 was still affected by the lingering COVID-19 pandemic. In February, the Russian aggression against Ukraine triggered an unprecedented security crisis followed by extremely high inflation.

In recent years, our healthcare system has done a great job in the face of recurring epidemics.

Thanks to the enormous commitment of doctors, nurses and other healthcare professionals, we managed to save tens of thousands of lives.

Moreover, we managed to keep the economy running which prevented further damage going to the billions of crowns.

In 2022, we provided asylum to half a million refugees from Ukraine, which is 5% of the Czech population. We took care of all these people in need, including the provision of health services. Since the war in Ukraine will not come to an end any time soon, we must expect other challenges.

Despite rising to these challenges, all health service providers, including private physicians, received a reduction in real income. As ever, the Czech Medical Chamber will stand by doctors, we are not going to put up with such injustice.

For six months, the government was busy with the Czech Presidency of the Council of the EU. Now it is time to focus on our country and its citizens. The Czech Medical Chamber will be happy to assist in addressing relevant problems. And as we know, the problems will not solve themselves.

To protect health, doctors must take action on climate



Scott Brady
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Climate change is the biggest health crisis facing humanity today – and it is only set to get worse unless we take action now.

Tackling climate change is a crucial form of primary prevention that must become part of the everyday delivery of healthcare.

Climate change is already wreaking havoc on public health – it is not a distant future threat. The 2022 Lancet Countdown [report](#) paints a haunting picture of the impacts of climate change, particularly in light of compounding health crises.

People are increasingly exposed to longer and more frequent heatwaves, for example. Heat-related deaths increased by [nearly](#) 70% over the last two decades, exacerbated by the COVID-19 pandemic.

As disease vectors spread due to the changing climate, we are also at higher risk of diseases and co-epidemics.

At the same time, we're witnessing an increase in extreme weather events such as floods and wildfires, causing injuries, loss of livelihood, and mental health issues in our communities.

Such weather events also severely impact our ability to deliver healthcare.

As doctors, you already see these health impacts in your everyday work, but healthcare itself is part of the problem.



The healthcare sector is responsible for 4.4% of global emissions (carbon dioxide equivalent); if it were a country, it would be the fifth largest emitter on the planet.

The very sector tasked with protecting health is a significant contributor to climate change – a significant source of harm and health burden.

You have the power to change this. By running facilities with renewable energy, avoiding single-use plastics, or collaborating with communities to prepare resilience against extreme weather events, [healthcare institutions](#) around Europe are already building the sustainable healthcare movement – reducing their carbon footprint and ensuring their operations are Climate-smart. You can join them.

As a highly trusted professional and a powerful voice within your hospital, you can advocate climate action within your institution and beyond. By engaging with healthcare leadership, you can highlight unnecessary material consumption or poor waste management and push your hospital to adopt more sustainable clinical and procurement practices.

Health Care Without Harm Europe's Doctors for Greener Healthcare [network](#) brings together doctors from across Europe to collaborate, share best practices, and advocate a healthy future by reducing the environmental impact of healthcare. Through this network, you can gain access to guidance, training, tools, and resources to become a powerful environmental health advocate.

We cannot wait until 2050 – we need to tackle the emissions from healthcare today to protect public health.

[Join](#) the sustainable healthcare movement today.

Doctors and veterinarians protect public health together: Let's strengthen this collaboration further!



Rens van Dobbenburgh
President, Federation of Veterinarians of Europe
For correspondence:
info@fve.org



Federation
of Veterinarians
of Europe

The Federation of Veterinarians of Europe, together with CPME, long ago recognised the importance of One Health. Therefore, we teamed up to promote a common understanding of this concept and its implementation in practice.

However, doctors and veterinarians often find it difficult to understand how to apply One Health in daily clinical services.

That is why I would like to share some examples of where veterinarians have a key role in infection prevention and control of disease for humans and where the close collaboration of doctors and veterinarians can provide substantial contribution in management of public health threats.

While the overall contributions of the veterinary profession in human health are broad, let's start by focusing on some zoonotic diseases that have almost disappeared in humans in Europe due to their eradication in animals via efficient prevention and control.

Rabies is the most obvious example. It is nearly always fatal in people and animals. The transmission is mostly dog-mediated; in other words, an infected dog biting a person.

The disease has been almost eradicated in most European countries due to extended vaccination of domestic and wild animals.

The result is that nowadays many regions in Europe are rabies-free.

This is in contrast with around 150 countries and territories in the world where about 55,000 people die from rabies each year, mostly children.



Doctors and veterinarians often find it difficult to understand how to apply One Health in daily clinical services.

Brucellosis is another zoonotic infectious and potentially foodborne disease which causes important health threats to several populations in Europe.

Nowadays eradication programmes, vaccinations of livestock and awareness of the public have led to a constant decrease in human cases in most of the European countries.

To prevent foodborne disease in European citizens, rigid controls of all food of animal origin by veterinarians are foreseen and regulated by European law and enforced in all Member States.

Congenital toxoplasmosis is another potentially life-threatening zoonotic disease with detrimental effects on human health.

Due to regular antiparasitic treatment of companion animals, especially cats, as well as due to awareness of owners by the veterinarians on best hygiene practices, this disease, which is fully preventable, is hardly observed in Europe nowadays.

The same applies for Echinococcus and other similar parasitic diseases.

Prevention of contamination of all animal species via regular antiparasitic programmes, official controls and awareness of the public have led to the decrease in cases seen nowadays in humans.



Zoonotic diseases are not the only cases where the veterinary profession could contribute to public health.

Often people and their companion animals suffer from the same conditions, such as obesity and diabetes, due to sharing the same environment and common lifestyle.

For example, the causes and control of cancer are similar in people and animals. Therefore, the opportunity for retrieving important relevant information is valuable.

The fact that animals have a shorter lifespan compared to people allows physicians to get important information from veterinarians on the progress of certain neoplastic conditions as well as on impact of different treatments.

Adding or considering data from relevant treatments in animals can complement and support knowledge around those rare conditions.

These are only some examples to highlight how infection prevention in humans is often completely relying on efficient infection prevention and control of disease in animals.

It is so important that when we look into planning and preparedness of future public health threats, we, doctors and veterinarians, do it together and learn from each other.

That is also why we need to embrace innovation in veterinary medicine for prevention and control of disease in animals as key part of prevention in humans.

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