



CPME MONTHLY BULLETIN

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November 2017

Dear CPME members,

Welcome to the November edition of the CPME Monthly Bulletin, which aims at informing you about the latest Executive Committee meeting held in Brussels on 23 November 2017 and other events and news.

I would like to thank all of you for your active contributions to the successful CPME meetings in Brussels, on 24 and 25 November. We confirmed our strong commitment to health policy goals and we could take important decisions: we admitted the Ukrainian Medical Association into CPME associate membership, we adopted the draft budget 2018 and elected two new Vice-Presidents, Dr Hamankiewicz as 1st Vice-President and Dr Vasiadis as 2nd Vice-President (as from the 1st of January 2018). The Executive Committee and the Secretariat look forward to working together with them.

Before the statutory meetings on 25 November 2017, the Executive Committee members had a long agenda to go through. Many issues were discussed and decided upon including, inter alia, the endorsement of the Joint Statement on the Employment of People with Chronic Diseases and the participation in the Joint Action CHRODIS PLUS (2017-2020).

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

*Kind regards,
Dr Jacques de Haller
President of CPME*

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Internal affairs

General Assembly and Board meetings in Brussels

The Executive Committee took note of the draft Board and draft General Assembly agendas for the meetings in Brussels (24-25 November 2017), including the financial items.

Ambassadorship programme lunch set up

The Executive Committee was presented with the ambassadorship programme lunch which took place on Saturday 25 November on the occasion of the Board and General Assembly meetings.

According to this new format of the lunch, all delegates were welcome to have lunch with “their” respective CPME Vice-President. The new set up follows a decision taken by the EC in February 2016 to foster the link between CPME members and the Executive Committee, with each Vice-President acting as a liaison person for a group of CPME members. The aim is to inform the Executive Committee better about the different situation in every National Medical Association; in return, the NMAs will also be better informed about the activities of the CPME.

Policies

Digital Health Society (DHS) declaration

The Executive Committee decided to not endorse the [Digital Health Society \(DHS\) declaration](#), prepared under the Estonian EU Presidency, given that the further development of this initiative remains unclear.

During the summer, stakeholders were invited to participate in a consultation about the DHS declaration. They were asked to provide comments on the opportunities but also the main challenges and share ideas/initiatives that could be taken into account in the context of 4 specific taskforces (on interoperability, data donors campaigns, secondary use of data and transformation of the healthcare systems). CPME responded to the consultation on 30 August 2017 ([CPME 2017/056](#)).

The final version of the [DHS declaration](#) was officially presented on 17 October 2017 at the eHealth conference in Tallinn and is now opened for signature. In general, consultation responses were not considered in the final DHS declaration.

EU Health Policy Platform Joint Statements

The Executive Committee decided to endorse the Joint Statement on the Employment of People with Chronic Diseases, drafted within one of the thematic networks of the EU Health Policy Platform.

The work was coordinated by the European Chronic Disease Alliance (ECDA), and the statement was reviewed by Prof. Dr Gelu Onose, CPME Rapporteur on Chronic Diseases. It includes a call for action with four recommendations addressed to the European Commission and the EU Member States: 1. invest in prevention and early detection, 2. integrate primary and specialist care, 3. develop policy frameworks & incentive programmes, and 4. educate employers on the issue of chronic diseases.

Chronic Conditions Management

The Executive Committee decided to participate in the [Joint Action CHRODIS PLUS \(2017-2020\)](#) work packages 2 (Dissemination) and 4 (Integration in National Policies and Sustainability) to disseminate the results and to prepare a consensus statement concerning the EU added value of cross-country collaboration in the field of chronic diseases.

The joint action CHRODIS PLUS was launched in Vilnius in September 2017. Its purpose is to promote the implementation of policies and good practices discovered in the joint action CHRODIS (2013-2016), the largest Joint Action co-financed under the EU Public Health Programme to date, addressing chronic diseases and healthy ageing across the life cycle. CPME participated in this previous joint action as a collaborating partner and has already expressed its interest to participate in the follow-up joint action.

Single Market Information Tool

The Executive Committee approved a letter which requests MEP Eva Maydell, who is the European Parliament's Rapporteur on the dossier, to acknowledge the need to protect information subject to professional secrecy from untoward access.

The letter follows the publication of a proposal for a regulation setting out the conditions and procedure by which the Commission may request undertakings and associations of undertakings to provide information in relation to the internal market and related areas ('Single Market Information Tool').

Health Security

The Executive Committee expressed its interest towards the EU Joint Action on Vaccination, especially its work package 8 on vaccine hesitancy and uptake.

This new joint action, coordinated by Inserm, the French National Institute of Health and Medical Research, would start in March 2018. It aims at building concrete tools to improve vaccination coverage in the EU. However, the role of external stakeholders, such as CPME, is still to be defined. Prof. Dr Rutger Jan van der Gaag, CPME Rapporteur on Health Security, highlighted that it is important that the CPME members take action on vaccination in their countries and reminded that there are doctors who are against vaccination.

Tobacco Policy

The Executive Committee took note that Dr Jacques de Haller and Prof. Dr Rutger Jan van der Gaag, CPME Rapporteur on Tobacco, basing on existing CPME policies, had decided to endorse the Smoke Free Partnership (SFP) Coalition's response on the [public consultation](#) on implementing an EU system for tracking and tracing tobacco products.

SFP invited CPME to endorse the SFP Coalition's feedback answer. CPME is a partner of this coalition but does not have a position specifically on illicit tobacco trade. However, concerning access to tobacco products, the CPME response to the Commission consultation, launched in 2010, on the Possible Revision of the [Tobacco Products Directive 2001/37/EC](#) mentions that CPME agrees with the problem definition. CPME also underlined its concern about cross-border sale of tobacco products via the internet that definitely undermines tobacco control efforts as well as the fight against tobacco smuggling.

Invitations

Invitation to the 4th Scientific and Practical Conference of the BgMA

The Executive Committee accepted the kind invitation by the Bulgarian Medical Association to be a speaker at the 4th Scientific and Practical Conference in April 2018. Dr Katrín Fjeldsted offered her availability to participate.

Invitation to final conference of 'Reducing Health Inequalities Experienced by LGBTI People', Brussels, 1-2 February 2018

The Executive Committee agreed to ask a national expert, who has already participated in previous meetings on similar topics on behalf of CPME, to contribute to a panel debate at the final conference of the project on 'Reducing Health Inequalities Experienced by LGBTI People'.

The Commission will cover travel expenses.

International calendar

The Executive Committee reviewed CPME's participation in forthcoming meetings of CPME members, European Medical Organisations and international partners.

Any other business

Diet, Nutrition and Physical Activity

The Executive Committee expressed its interest to take part in the [public consultation](#) on the initiative to limit industrial trans-fat intakes in the EU.

A draft response will be shared with the WG on Diet, Nutrition and Physical Activity for commenting, and handed to the EC for decision in December 2017.

EFPIA survey on sustainability for off-patent biologics

The Executive Committee decided to not participate and disseminate the [EFPIA](#) survey on sustainability for off-patent biologics among CPME members.

Invitation to the 8th Global Transparency Reporting Congress

While CPME already participated in the Global Transparency Reporting Congress several times in the past, the Executive Committee decided to decline the invitation for the 2018 edition.

Monitoring Section

IMCO vote on Proportionality Directive

On the 4th of December, the European Parliament's IMCO committee took the vote on its position on the Proportionality Directive. On the crucial issue of the exemption of health professions from the Directive, the proposal was defeated by 20 votes to 15. The European Parliament will therefore now go into negotiations with the Council without a mandate to exempt health professions. There are however a number of declarations on the special status of health professions, which may help to mitigate the Directive's impact. While we greatly regret the outcome, we nonetheless took note that the vote was very close and a number of MEPs must have supported the exemption of health professions against their party's line. This is also thanks to all of CPME members' efforts over the past months and especially the past days in reaching out to their MEPs and making the case of the exemption. We thank all our members sincerely for all of this effort. We will now follow up with European Parliament, Council and Commission to assess the next steps. We will continue to provide you with up-dates throughout the trilogue negotiations.

Commission diagnoses the state of health in the EU

The State of Health in the EU is a two-year initiative undertaken by the European Commission that provides policy makers, interest groups, and health practitioners with factual, comparative data and insights into health and health systems in EU countries. The cycle is developed in cooperation with the Organisation for Economic Co-operation and Development ([OECD](#)) and the [European Observatory on Health Systems and Policies](#).

The two year State of Health in the EU cycle consists of four main stages:

1) The [Health at a Glance](#): Europe, prepared by the OECD, gives a horizontal starting point (latest version November 2016).

- 2) [28 Country Health Profiles](#), adapted to the individual context and specificities of each EU country, assess the strengths and challenges in their respective health systems.
- 3) A [Companion report](#) published along with the Country Health Profiles draws cross-cutting conclusions, links common policy priorities across EU countries, and explores the scope for mutual learning.
- 4) At the close of the two-year cycle, health authorities in EU countries can request [voluntary exchanges](#) with the experts behind the State of Health in the EU, to discuss findings and potential policy responses.

1 in 2 people living with HIV in Europe is diagnosed late: ECDC and WHO urge improvement in testing practices

The WHO European Region is the only Region worldwide where the number of new HIV infections is rising. With more than 160 000 people newly diagnosed with HIV across the Region, including more than 29 000 new cases from the European Union and European Economic Area (EU/EEA), this trend continued in 2016. One reason for this worrying trend is that over half (51%) of the reported HIV diagnoses happen in a late stage of infection. For more information see [here](#).

Q&A for patients is now available in 23 languages

On 29 October 2017, the European Commission launched additional translations of the Q&A paper "[What I Need to Know about Biosimilar Medicines – Information for patients](#)" making it available now in 23 official European languages, in order to provide patients with easy-to-understand information about biosimilar medicines. The Q&A was written to empower patients by providing answers to the most-frequently-asked questions on biosimilar medicines.

This document is the continuation of the work performed by the Commission's working group on access to biosimilars between 2010 and 2013. Established under the 'Process on Corporate Responsibility in the Field of Pharmaceuticals', the working group, of which CPME is a member, had identified the need for clear and unbiased information from an independent source as a key element for an adequate and informed uptake of biosimilar medicines. Rather than being a technical document on biological products, the Q&A provides updated information on biological products to the patient in a language that is easy to understand despite the complexity of the concept.

CNOM invitation to 'Health and Climate : Physicians have the floor'

The CNOM has the pleasure to invite you to the launch of the **2017 report from the Lancet Countdown on Health and Climate change**. The launch event will take place on the 12th of December 2017 in Paris (France). More info on agenda and registration form available [here](#).

EMA to work with stakeholders to improve the product information for EU medicines

The European Medicines Agency (EMA) has published an [action plan](#) to improve the product information (PI) for EU medicines, an information package for patients and healthcare professionals that accompanies every single medicine authorised in the EU and explains how it should be used and prescribed. This action plan follows a [report](#) published by the European Commission in March 2017 which concluded that despite ongoing efforts to

make the PI easy to read and useful, there is a need to improve how information on medicines is conveyed to patients and healthcare professionals.

One of the key areas of this plan is to explore how electronic or digital means can be used to improve accessibility to medicines' information by patients and healthcare professionals.

Stakeholders are invited to send an overview of initiatives on electronic/digital formats for the product information that they are aware of or working on. Feedback should be sent by end of February 2018 to ePI@ema.europa.eu or using the [survey](#) provided. This input will be considered for the organisation and participation in the 2018 workshop.

More info available [here](#).

European agriculture policy pays attention to health

On 20 November 2017, the European Commission released a [Communication](#) on the future of the EU Common Agricultural Policy (CAP). Health is mentioned in it, as the policy promotes healthier nutrition to reduce the problem of obesity and malnutrition. The Communication underlines that campaigns should be a focal point in promoting healthy dietary practices and increasing the consumption of fruit and vegetables, for example by offering them in schools. Moreover, the Commission states that the CAP should become more apt at addressing critical health issues such as those related to antimicrobial resistance (AMR) caused by inappropriate use of antibiotics in agriculture. In addition, the Communication mentions that the rural communities should have better access to health care.

EU gave 5 more years for glyphosate

On 27 November 2017, glyphosate was given a new five-year lease in Europe in spite of the massive objection including a European citizens' initiative signed by over 1.3 million people. The opinions on the harms of the popular weed killer have been divided for long. The WHO cancer experts have said that glyphosate is a probable cause of cancer in humans. However, the European Chemicals Agency (ECHA) and the European Food Safety Authority (EFSA) have said that there is no evidence to show that.

Lithuania introduces radical alcohol laws

On 1 January 2018, a new alcohol law comes into force in Lithuania. This legislation will ban alcohol advertising entirely from TV, radio and newspapers. It will also cut the hours at which alcohol can be sold in shops. However, the most radical implication is the increase of the legal drinking age from 18 to 20. At the moment, only Iceland has such high age limit in Europe. According to the latest WHO and OECD data, Lithuania has the highest consumption of alcohol in Europe. Therefore, the authorities, led by Health Minister Aurelijus Veryga, have decided to take preventive measures aimed at restricting access to alcohol.

CPME discussion on defensive medicine continues – contributors welcome!

As announced at the CPME Board meeting on 25 November, CPME Rapporteur on Defensive Medicine Dr Daiva Brogienė invites members to join the discussion on a CPME policy on defensive medicine. Members who wish to contribute their thoughts can contact sarada.das@cpme.eu to join the debate. It is intended to build on the 2016 CPME survey on defensive medicine which mapped existing data and activities on the issue (please find the compilation of responses at [CPME 2016/069](#)).

Recent publications on the CPME website and members' section

- [Outcomes of IMCO vote on Proportionality Directive](#)
- [European Commission launches: "What I need to know about Biosimilar Medicines – Information for Patients", in 23 EU languages](#)
- [CPME Endorsement of the WMA Declaration of Geneva – 2017](#)
- [Letter from the Veterinary Schools Council on One Health approach in undergraduate education](#)
- [Sjaak Nouwt's presentation "ePrivacy Regulation for CPME"](#) (CPME Working Group on eHealth, 24 November 2017)
- [Prof. Ludwig's presentation on EMA Management Board's activities](#) (CPME Board meeting 25 November 2017)