CPME
MEDECINS EUROPEENS
EUROPEAN DOCTORS

MAGAZINE SUMMER 2023

Reforming the European pharmaceutical sector

How can the EU ensure better access to medicines?

CPME.EU

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Tackling the health workforce crisis before it's too late

In May, the World Health Organization declared an end to the global health emergency caused by COVID-19. As we move to new phase of the pandemic, we cannot forget the health professionals who sacrificed so much by standing on the front line.

Whilst the pandemic made problems worse, the structural flaws and vulnerabilities in our health workforce have been growing for a long time. Europe is currently facing a shortage of 2 million healthcare professionals, particularly doctors and nurses, as highlighted by the recent report on Health Systems Resilience published by OECD in February 2023.

In recent months, doctors across Europe have been taking to the streets, protesting their working conditions and excessive hours. The protests in Croatia highlighted below, as well as the ongoing strikes of junior doctors in the UK, are just two examples. In addition, burnout is growing year on year, as well as reports of verbal and physical violence against healthcare professionals. Doctors' time should be spent on patient care and not on unworkable digitisation or medicine shortages.

It is time to address the health workforce crisis before it escalates further.

As European doctors, we are ready to contribute to developing proactive measures to help ease the burden. By setting minimum capacity benchmarks, addressing skill gaps, implementing recruitment and retention strategies, and prioritising the well-being of healthcare professionals, we can work towards building a resilient and sustainable healthcare workforce for the future.

Dr Christiaan Keijzer

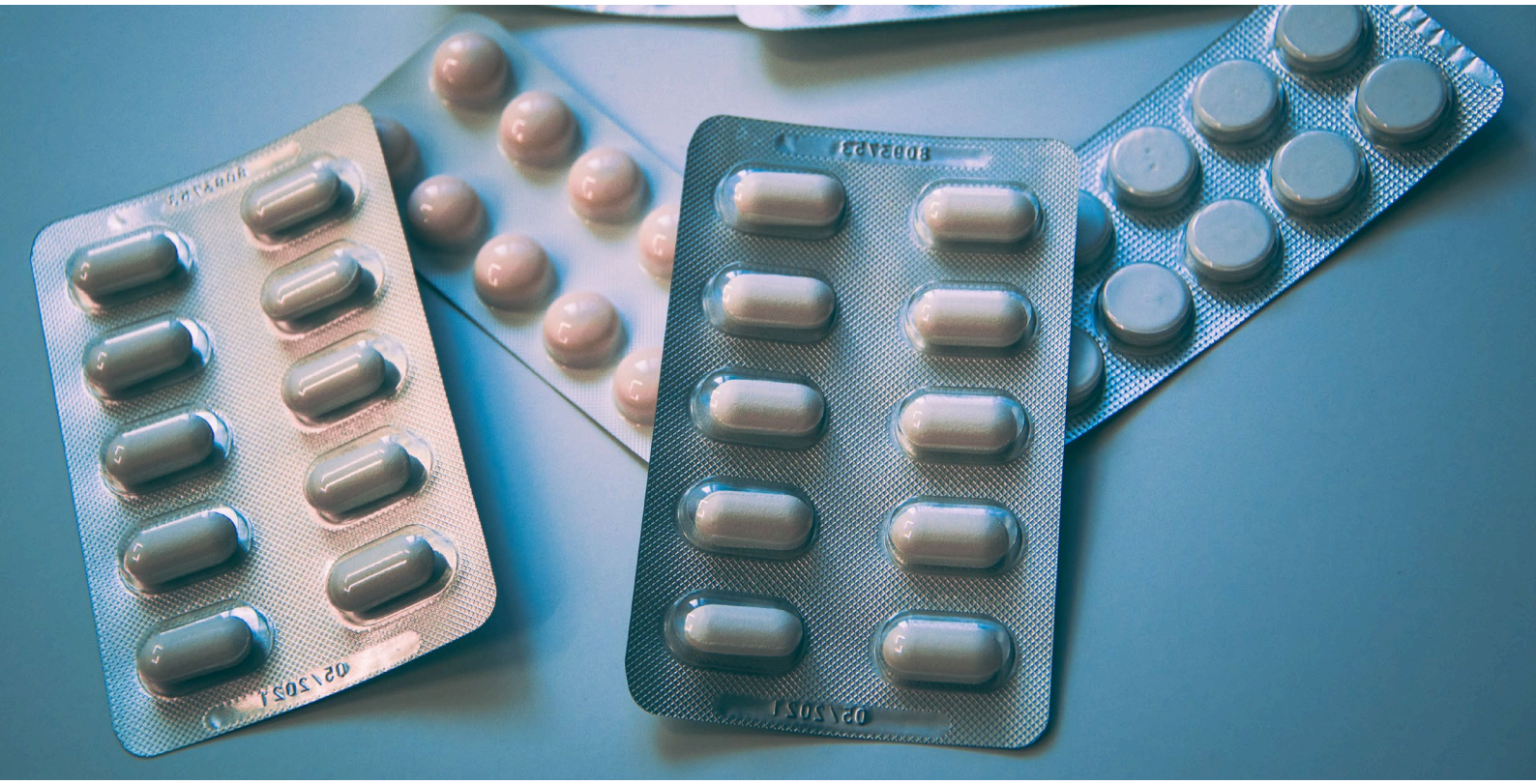
CPME President

The EU needs to restore balance in the pharmaceutical in the interests of patients

Dr Christiaan Keijzer
CPME President

The revision of the EU's pharmaceutical legislation provides a unique opportunity to ensure patients' access to affordable and safe medicines.

Following the publication of the European Commission's proposal in April, we now need a balanced dialogue on options to make sure the new legislative framework delivers for patients and for Europe's healthcare systems.



We have witnessed the erosion of trust in the pharmaceutical sector and its ability to promote the development of meaningful medical innovation while ensuring sustainable access across countries.

We have reached a point where confidence needs to be urgently restored.

Health must come first; this reform should serve patients above all.

The proposal is promising in achieving faster access to treatment and more affordable medicines in the EU.

It sets the framework to reward innovation that is meaningful, available and safe, serving the needs of patients and doctors need.

It is vital to balance access to medicines with innovation to meet unmet medical needs.

While innovation is important, it must be affordable.

The cost of pharmaceutical products should not become a barrier to accessing necessary treatments.

Proposed measures on R&D transparency and early generic competition are a good starting point for the upcoming negotiations.

We need to steer medical innovation to where it is needed the most. For that we need fit for purpose incentives to address unmet medical needs, including antimicrobial resistance (see pages 7-10).

One important area where we encourage reform is medicine shortages, which harm patients and may undermine our fight against antimicrobial resistance (see article on page 11, reporting on our recent members' survey).

In the Netherlands, on average, every Dutch pharmacy employs one full-time equivalent to manage medicine shortages. As doctors, we spend significant amounts of time coordinating with the pharmacies and verifying the availability of medicines.

If a medicine is unavailable, we must re-evaluate with the patient and, adjust their treatment and consider a possible whole new range of side-affects.

Early information on upcoming medicine shortages and the availability of alternatives is key for our profession.

Doctors never should be left empty handed when treating their patients.

Regulators and doctors must have enough time to react to any shortage or withdrawal, that is why extended notification periods and shortage prevention plans are important.

But we have to go further than that – safety stocks cannot be just a recommendation to companies, they must become an obligation.

Regulators should have stronger tools to manage shortages, obliging companies to take concrete measure such continency tools and diversification of supply chains.

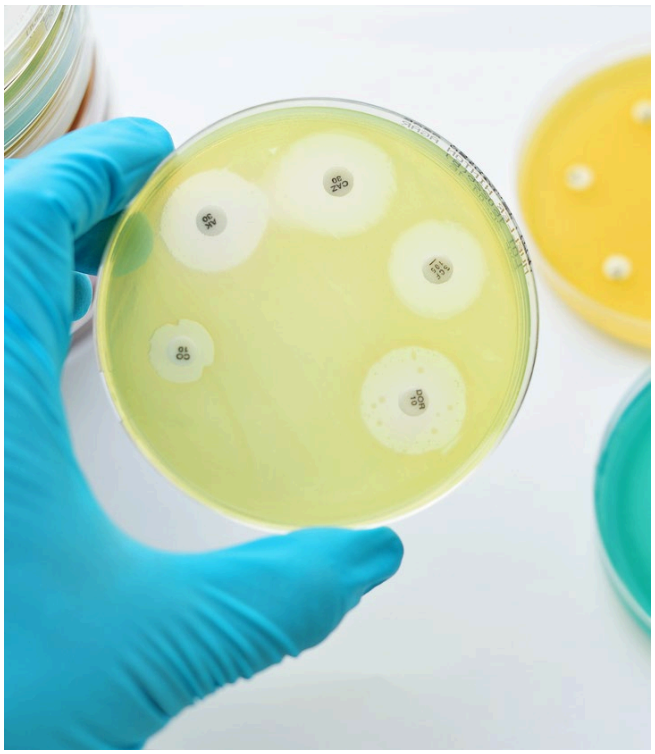
We should not suffer shortages for commercial reasons. Everyone involved in the lifecycle of medicines has to take responsibility.

Antimicrobial resistance crisis urgently needs greater European action

CPME has updated its policy on antimicrobial resistance (AMR), calling for greater EU action for a deepening crisis which is leaving doctors short of effective treatments for life-threatening infections.

AMR is one of the greatest global health threats, causing 1.2 million deaths each year, more than 35 thousand of which are in Europe.

Bacteria have evolved ways to resist antibiotics, accelerated by overuse or misuse of medicines, including in agriculture.



Whilst the effectiveness of current antibiotics is decreasing, no novel class of antibiotics has been brought to market since the 1980s. In addition, this winter medicine shortages in most European countries left doctors and patients without access to critical antibiotics.

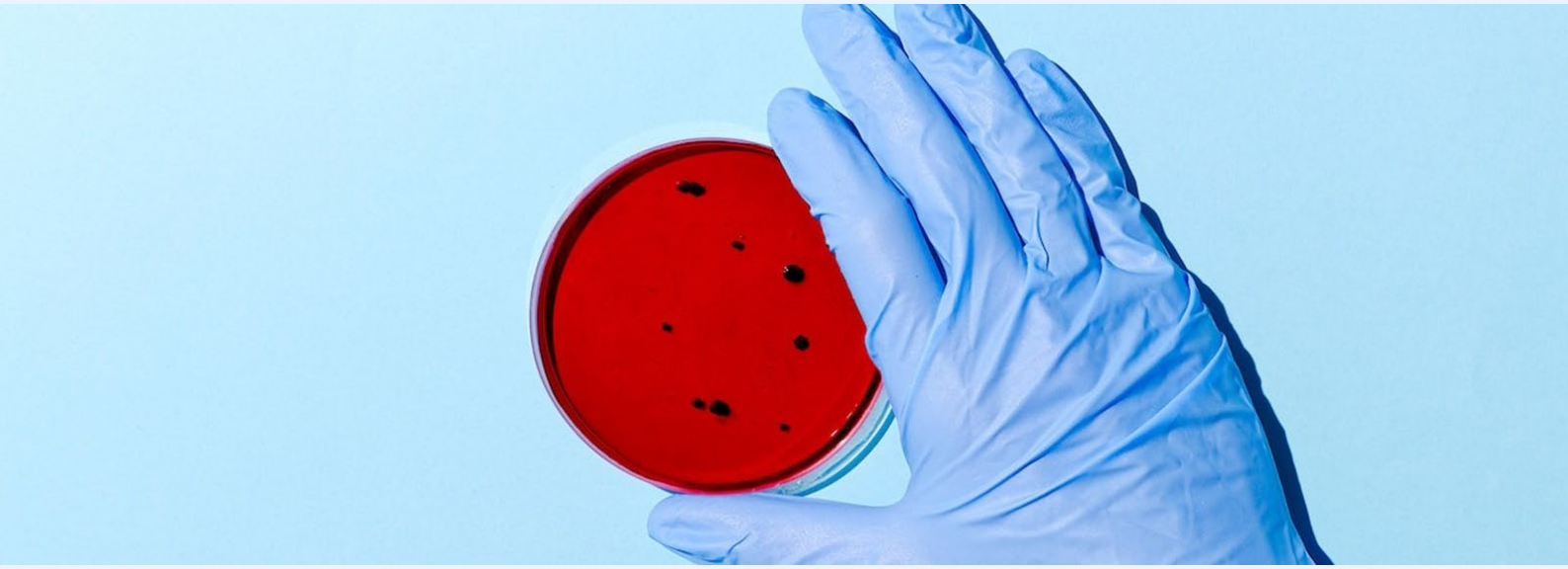
CPME President Dr Christiaan Keijzer said "Europe is facing a growing public health threat from AMR. It is crucial that we keep existing antibiotics working. We emphasise that prudent prescription of antibiotics is a responsibility of each practicing doctor in Europe and worldwide.

"We need to act in collaboration with many partners and are committed to the One Health approach bringing together the human health, veterinary and environmental sectors.

"Shortages of existing antibiotics pose a real challenge for doctors, and we need to ensure that the shortages that occurred in recent months do not happen again next winter.

"Antibiotics should be considered a public good and we urge decisive measures to be taken to ensure stable supply of antibiotics in the future."

Event report: Addressing antimicrobial resistance in medical practice



Doctors, scientists, policy-makers and civil society gathered to discuss how to address antimicrobial resistance (AMR) in a joint event organised by CPME and the Swedish Medical Association (SMA) in Stockholm.

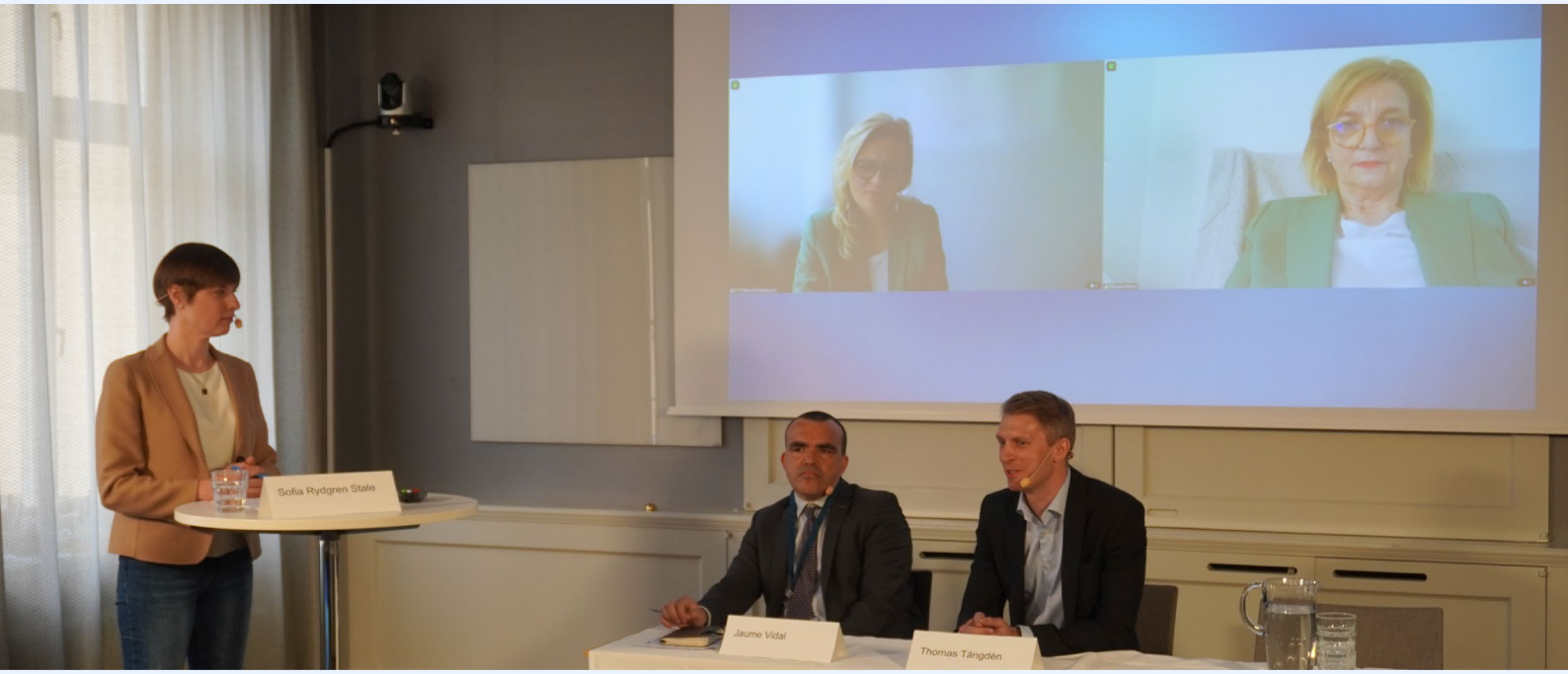
The panelists stressed four key messages:

1. Urgent and comprehensive measures are needed

"If efforts to tackle AMR continue at the same pace, many more lives will be put in danger".

Malin Grape (Swedish Ambassador on AMR) opened the conference by stressing the importance of sustainable access to antibiotics and the need for globally accessible innovation.

She said that urgent action, led by public health needs, is required to address AMR comprehensively including by prevention, prudent use of antimicrobials, surveillance, diagnostics, research and development, infection prevention and control, education and public awareness, and cross-sectoral European and international collaboration.



2. The role of doctors is crucial

Dr Diamantis Plachouras (ECDC) highlighted that the leadership and expertise of doctors is critical. They are essential in guiding prudent prescribing practices, implementing effective infection control measures, and educating patients and other healthcare professionals about responsible use of antimicrobials.

Prof. Bojana Beović (Slovenian Medical Chamber) focused on effective antimicrobial stewardship and highlighted that implementing evidence-based stewardship interventions leads to cost saving. She stressed a condition of adequate human resources needed.

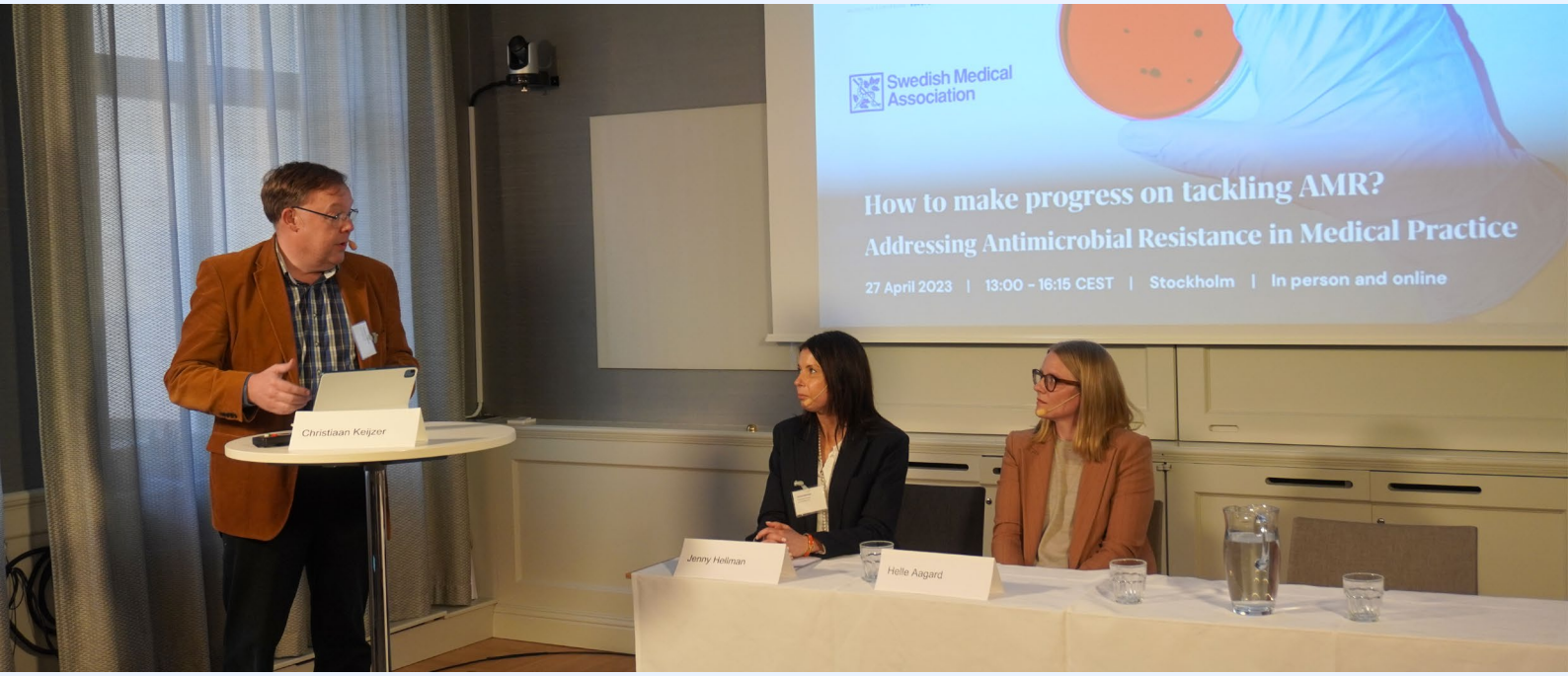
Dr Thomas Tängdén (Strama) highlighted the promises of multi-disciplinary teams, provision of treatment guidelines, education of prescribers and individualised feedback.

3. Rapid diagnostics and prudent use play a pivotal role

Jaume Vidal (Health Action International) stressed that accurate and rapid diagnostics empower healthcare providers to identify the specific pathogens causing infections, determine their resistance profiles, and guide appropriate antibiotic use.

New funding approaches and strong political will is needed to ensure access to tested and effective novel diagnostics.

Aleksandra Opalska (European Commission) presented provisions supporting prudent use of antimicrobials included in the recently published proposal for the revision of the EU pharmaceutical legislation, such as an obligation to develop stewardship plans, packaging adjusted to treatment duration, awareness cards for patients.



4. A new approach to antibiotic R&D is urgently needed

Jean-Baptiste Perrin (HERA) presented a study assessing four kinds of pull incentive schemes. The study outcomes suggested focusing on revenue guarantee schemes.

He emphasised the need to agree on guiding principles to fairly share the burden at the EU and global level. HERA will continue exploring financial pull incentives complementary to the regulatory incentive proposed in the new EU pharmaceutical regulation.

Aleksandra Opalska (European Commission) shortly introduced the transferable exclusivity voucher (TEV) outlined in the proposal for the EU pharmaceutical legislation. She noted that the TEV would provide more certainty to small and medium-sized enterprises (SMEs), according to an EC consultation.

Helle Aagaard (ReAct Europe) highlighted the importance of SMEs in AMR R&D. React Europe sees the TEV as an overly expensive, untested incentive prioritising large pharmaceutical companies. Instead, she advocated for prioritising financial incentives under consideration by HERA, as well as focusing on the full implementation of a de-linked market model.

Looking at the other side of the market, where antibiotics are already developed, Jenny Hellman (Public Health Agency of Sweden) presented a Swedish pilot study of a new reimbursement model for new antibiotics.

The pharmaceutical companies were guaranteed a minimum revenue in return for providing the product on the market. A stock incentive portion was included, regardless of sales, to cover costs for maintaining availability. Preliminary results showed that this model helps to ensure faster and continuous access to antibiotics.

Medicine shortages: a growing public health concern in the EU

Marcin Rodzinka-Verhelle
EU Policy Adviser

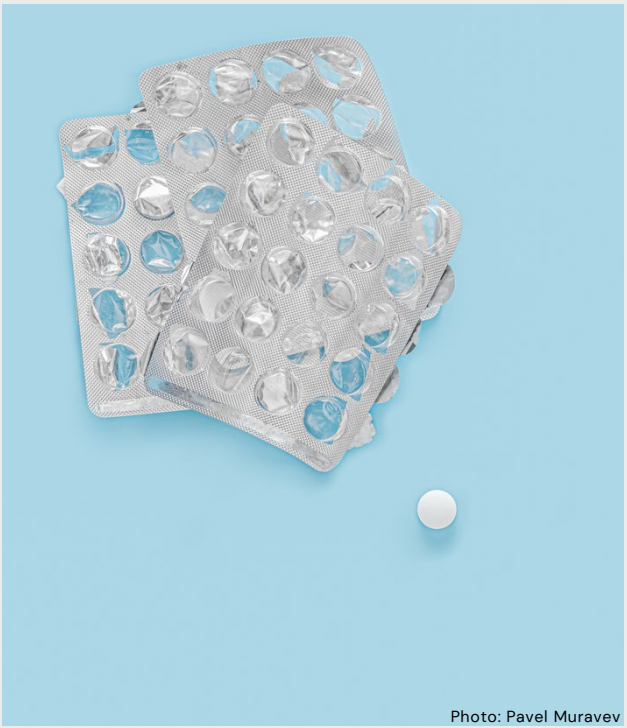


Photo: Pavel Muravev

National medical associations report that periodic and prolonged medicine shortages have become increasingly common across Europe.

According to CPME members, shortages affect nearly all types of medicines.

For many years doctors and other healthcare professionals have managed the negative impact on patients, but recent exacerbations affecting many commonly used medicines have put the issue in the spotlight.

The root causes of medicine shortages are complex and numerous. Shortages can result from different economic, forecasting, manufacturing and regulatory reasons.

The ongoing revision of the pharmaceutical legislation, along with willingness of many Member States to take more immediate action, create a fertile environment for improving the way the EU prevents and manages medicine shortages.

From doctors' perspective it is essential to provide patients with the best possible alternative treatment in case of a shortage.

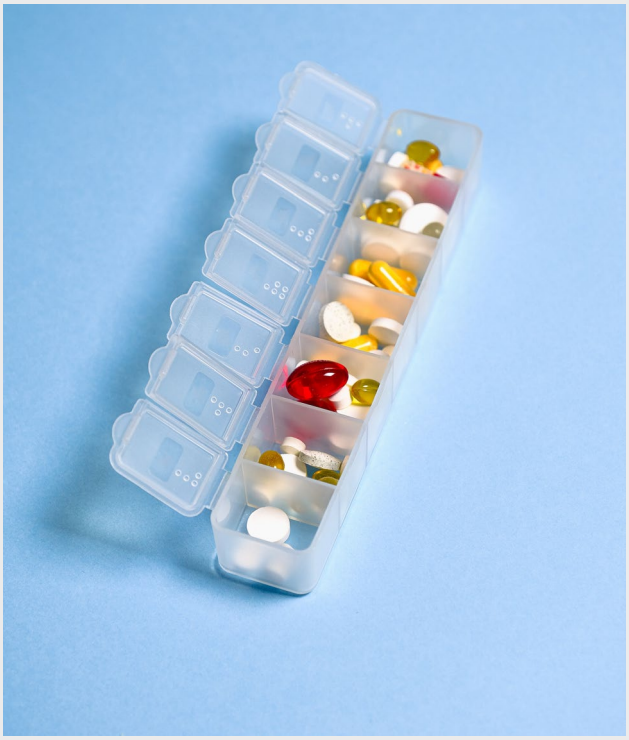
Unfortunately, practice shows it is often neither easy nor possible.

Administering alternative treatments often requires more time from the doctors and can have an impact on out-of-pocket payments by patients, as well as adherence to treatment.

According a survey of CPME members, there is an especially difficult situation concerning antibiotics, insulin, antipyretics and antiepileptics.

In 2022, in Sweden there was a shortage of 1 469 pharmaceuticals. For 52% of them, equivalent substitute products were available.

In the Netherlands, alternatives were found by switching to other brands (71.5%), applying therapeutic substitution (20%), import (6.3%), compounding (1.8%). No alternative was found in 0.4% of cases.



Doctors also share concerns over a possible negative impact of a shortage of narrow spectrum antibiotics on the spread of antimicrobial resistance.

Communication plays a crucial role in preventing and managing shortages.

Doctors, other relevant healthcare professionals and regulators must be aware of a supply problem and available alternatives early enough to mitigate the possibility of endangering patient safety.

National medical associations reported that access to such information varies significantly across the EU. Still today, there are countries with no public information on shortages (e.g., Bulgaria, Ukraine).

Most countries operate with variations of public registries or lists available through the websites of national medicines agencies or professional bodies (e.g., Denmark, Czechia, France, Germany, Slovenia, Sweden).

The ideal solution is a possibility of integration of information on shortages into a prescribing software enabling notification functionality. This kind of solutions are operational in Austria, Finland, Poland, and soon coming to Greece.

Beyond transparency and communication, there is a need for the EU and all Member States as well as the pharmaceutical industry to take responsibility for a stable supply of medicines and patient safety.

The upcoming legislative changes and possible faster steps demanded by 19 Member States provide an opportunity for this.

Clean air in the hands of EU policymakers

Markus Kujawa
EU Policy Adviser

This summer, the European Parliament and the Council of the EU will decide their opinions on the European Commission's proposal for a directive on ambient air quality and cleaner air for Europe.

Policy-makers have a huge opportunity to improve citizens' health and reduce deaths resulting from air pollution.

In the EU, around 367 000 premature deaths are still caused by fine particulate matter (PM2.5), nitrogen dioxide (NO2), and ozone (O3) each year.

These main air pollutants are linked to asthma, heart disease and stroke, among other diseases.

The directives set EU air quality standards for these as well as nine other pollutants.

This is highly needed as air pollution remains the largest environmental health risk in Europe, although emissions have fortunately declined in the last two decades, resulting in better air quality.

CPME has been calling on the EU 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.

It is estimated that improving air quality to match the WHO recommended levels could prevent more than half of premature deaths.

CPME has joined forces with other European civil society organisations working on health to convince policymakers to be ambitious when voting for the new rules.

The Commission's proposal on a revision of air quality legislation is a key part of the European Green Deal's zero pollution ambition to have an environment free of harmful pollution by 2050. The Green Deal, approved in 2020, is a set of policy initiatives with the overarching aim of making the EU climate neutral in 2050.

Our new policy on climate change, adopted in March, highlights the importance of the ongoing revision of the current air quality legislation, and also calls for ensuring that the targets of the EU 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.

The training of healthcare professionals is essential to raise awareness and inform about the health impacts of air pollution and the health benefits of air quality measures among their patients, and also policy-makers.

However, the next job for the latter is to adopt better EU rules to decrease air pollution and minimise its burden to people's health. We are looking forward to an ambitious revised directive on ambient air quality.

Healthcare professions call for trustworthy and workable European Health Data Space

Sara Roda
EU Senior Policy Adviser

The Council and the European Parliament are preparing their positions on the Commission's proposal for a European Health Data Space.

Healthcare professionals appeal for wise provisions that ensure a smooth transition for the workforce and feasible implementation for professional practice.

On 19 June 2023, CPME, CED (dentists), EFN (nurses), HOPE (hospitals and healthcare services) and PGEU (community pharmacists) released a joint statement calling upon the co-legislators to:

- Respect ethical principles of patient confidentiality and professional secrecy
- Exclude healthcare professionals from providing data again for secondary use
- Bring clarity and certainty for liability of healthcare professionals in the electronic health record (EHR)
- Provide financial compensation for digitisation

Photo: Marco VDM

What happens next?

The co-legislators are speeding up their technical meetings to start trilogue negotiations in the beginning of next year. The rush relates to the European elections taking place from 6-9 June 2024.

As EU citizens will choose the new MEPs until 2029, the seats of current negotiators are not guaranteed.

If the European Parliament plenary adopts its position at first reading before the elections, then the new EP will continue where the previous has left off, otherwise the work will likely lapse and start again.

For European doctors, the considerable work done in the European Parliament should not be wasted.

Published on 10 February 2023, the draft joint report of the Parlaiment's Committees on Environment, Public Health and Food Safety (ENVI) and Civil Liberties, Justice and Home Affairs (LIBE) counted more than 2100 amendments tabled by MEPs in March 2023.

MEPs are engaged and listening to European doctors' views. The biggest hurdles for the Parliament are patients' control of data in secondary use, regulating wellness apps, intellectual property, timeline and funding.

In the Council, the Swedish Presidency published its progress report in May. The Council does not intend to solve all challenges presented by stakeholders but has brought clarity to certain provisions, e.g. legal basis, patients' rights, telemedicine, and obligations for data holders and data users.

CPME stands ready to find solutions for a workable European Health Data Space.

Interview with Tomislav Sokol MEP

European Health Data Space: What will it mean in practice?

The digitalisation of healthcare has vast implications for the medical profession. The European Health Data Space can put Europe at the forefront of health data, but much still needs to be negotiated.

We spoke to MEP Dr Tomislav Sokol, the rapporteur on the file in the European Parliament, to find out what it means for health professionals and the state of play in Brussels.

When MEP Tomislav Sokol addressed our General Assembly on the European Health Data Space (EHDS) in March, he generously spent over 30 minutes answering questions from national medical associations, reflecting the importance of the file for doctors.

MEP Sokol is an ideal person to provide some answers. With a background in law, he completed his PhD on the free movement of cross-border healthcare services in the EU and its impact on national health insurance systems at KU Leuven in 2014, and is now a Professor at the Zagreb School of Economics and Management and Assistant Professor at the Catholic University of Croatia.

Elected as an MEP in 2019, he is the European People's Party's Coordinator in the new Committee on Public Health (SANT).

How will the EHDS benefit healthcare and doctors?

Cross border healthcare is currently under-used, as health data is not interoperable to a large extent and cannot be shared between Member States, and in many cases between hospitals within the same country.

The EHDS will create a new legal framework to access and share health data in Europe, allowing free movement and sharing of data between different Member States. Harmonised electronic health records will help healthcare professionals access their patients' health data efficiently.

"If we get the EHDS right, we will have better, more efficient healthcare across the EU."

What can be done to avoid high costs and administrative burden for healthcare professionals?

Medical professionals will have a crucial role in the transition to the EHDS, and the European Parliament acknowledges that there will be an additional administrative burden for them. Therefore, we have proposed some elements to assist them.

We have proposed a transitional period of two years for small medical practices, who may find the transition most challenging.

Moreover, the European Parliament has requested additional EU funding for a structured training system for healthcare professionals.

Doctors are concerned that small medical practices will be obliged to make data available for secondary use. What is the EP's position on this?

Political negotiations are currently taking place in the European Parliament regarding the secondary use.

In order to avoid a disproportionate administrative burden, the Commission proposes that micro-enterprise are excluded from making their data available for secondary use, which I fully support.

These are enterprises of fewer than 10 persons and whose annual turnover and/or annual balance sheet total does not exceed €2 million.

How will doctors' legal responsibility in the Electronic Health Record be handled?

Medical liability is not harmonised at EU level and national rules are very diverse. Due to the division of competencies of the EU and Member States, we do not have a common set of rules on medical liability at the moment.

The Parliament proposes to set minimum standards, especially in determining who is liable in certain situations and which legal system would be responsible. This can be especially relevant in cross-border cases.

However, this is very hard to achieve as Member States may block common standards at EU level.

The data quality from wellness apps is unreliable. How will they be regulated?

There are ongoing discussions in the Parliament on whether to include wellness apps. For now, it has been decided that they should be included both for primary and secondary use.

I consider that wellness applications have a role in the digital health landscape, which is still in an early and developing stage, but will be more advanced in years to come.

In primary care, healthcare professional will clearly see in EHR systems what data came from wellness apps so they could make a distinction with other data.

For secondary use, obviously the data of would provide for data of lower quality, and may not cover the entire population, but may still be of relevance together with other data.

In cross-border care, how will automatic translation of health data work?

It is envisaged that translation is done through the MyHealth@EU infrastructure, however, it is not described in detail in the regulation itself and will be developed by the Commission as part of the technical specifications. The negotiations will determine how much technical detail will be defined. The readability of health data is vital to ensure access for healthcare professionals.

How will patient privacy be guaranteed?

"Patient privacy is of the utmost importance."

It is necessary to reduce risks on the privacy of natural persons by applying the data minimisation principle as set out in GDPR.

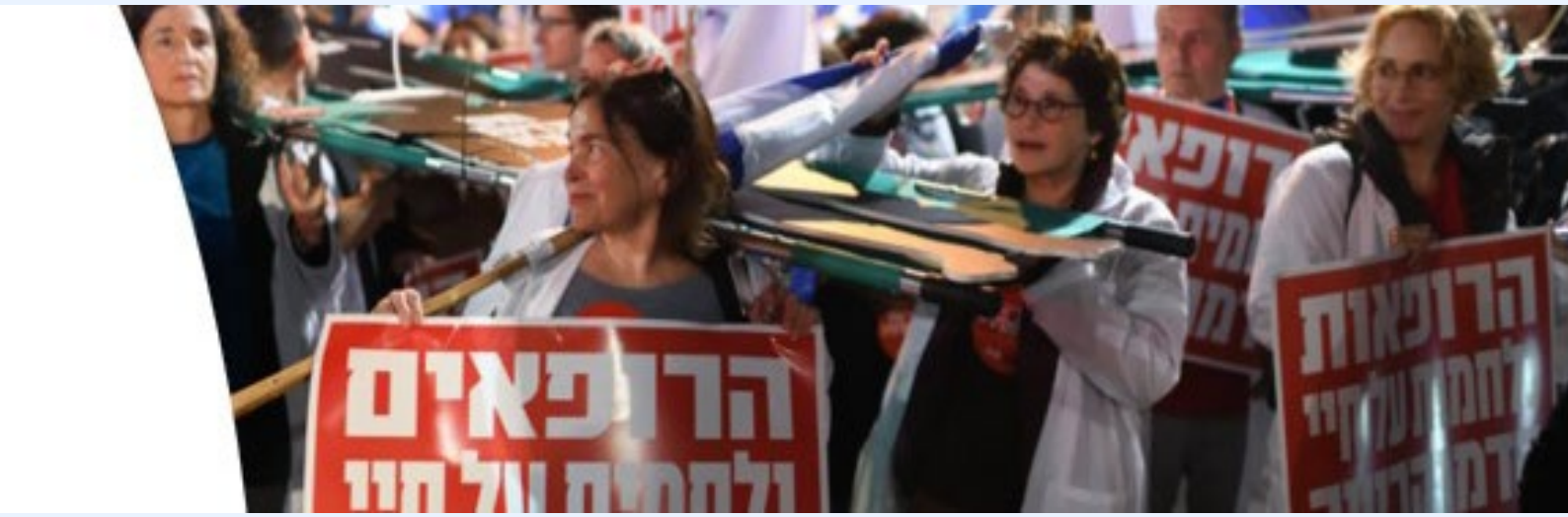
It is also important to highlight that data will be anonymised and pseudonymised.

Moreover, given the sensitivity of electronic health data, data users should not have an unrestricted access to such data.

All secondary use access to the requested electronic health data should be done through a secure processing environment, complying with the high technical and security standards.

Note: The GDPR minimisation principle requires entities to process only 'adequate, relevant and limited' personal data that is 'necessary'.

Israeli Judicial reform and its implications for the health system



Doctors demonstrating in Israel. Photo: Israeli Medical Assocation

Leah Wapner
Secretary General, Israeli Medical Association

Recent months have seen an upheaval in Israeli society, as proposed bills to reform the judicial system moved through the Israeli Parliament - Knesset.

In January, the Justice Minister, Yariv Levin, held a press conference, revealing a plan for Judicial Reform. This was immediately seen as an attack on democracy, with far reaching implications.

1. Changing the procedure for the appointment of judges

The committee which is responsible for recommending the appointment of judges is currently comprised of nine members: three serving Supreme Court judges, two representatives of the Israel Bar Association, two Knesset members and two government Ministers.

The selection of Supreme Court judges requires the approval of seven out of the nine members on the Committee.

The proposed changes seek to change the composition of the committee, giving a majority of votes to the government and thus giving the government control over the selection and dismissal of judges in all courts, including the Supreme Court.

2. Judicial review (restricting appeals to High Court of Justice)

The proposed changes seek to curb judicial review over legislation, including by legislating against the Supreme Court's exercise of judicial review of Basic Laws, and requiring a full bench of Supreme Court justices to preside over any case in which the legality of regular legislation passed by the Knesset is evaluated, and 80% of them to rule for invalidation of such legislation and also limit the individuals access to the supreme court.

3. Ability of the Parliament to supersede judicial decisions

Currently, the Supreme Court can nullify Knesset legislation if it is either unconstitutional or against basic human rights. The reform would permit the Knesset to override such a ruling by reintroducing the legislation and approving it with a majority.

4. Eliminating some causes of action, such as "reasonableness"

The proposed changes seek to limit the scope of judicial review of governmental and administrative decisions, by legislating against the concept of 'reasonableness', which some claim has been interpreted loosely by the Supreme Court in line with the political leanings of the judges. This change would preclude the courts from hearing petitions or appeals against governmental and administrative decisions on the basis that such decisions are 'unreasonable'.

Simultaneously, the coalition has put forward over 140 laws, which could change control of media and academia and, some will have a direct impact on the healthcare system.

Photo: Tikvah Group

The minute the reform was presented to parliament there was a spontaneous and grass roots uprising. On 14 January, a large demonstration was held which was named the umbrella demonstration.

From then, every Saturday night there has a major demonstration in Tel Aviv and over 200 places across the country. The only time that this eased was when rockets were flying over Israel and it wasn't safe to be on the streets.

Different groups joined together, including groups for women's rights, different minorities, LGBT, doctors, lawyers, hi-tech, economists, both the left and right wing, young and old. It was clear that there was a wide-spread opposition to the reform. In addition, large sectors of the Military reserves opposed the reform, stating that they were sworn to protect a free democratic society.

However, not everyone is opposed, there are many people who believe that we need to let the elected government rule.

The country is divided! This division has torn many families and friends apart.

The split in society was so deep that it reached every aspect of our lives. It was even felt among healthcare workers, with those who were so opposed to the reform had difficulty working with those who accepted it.

Although an apolitical, pluralistic organisation representing physicians from all sides of the political spectrum, the Israeli Medical Association (IMA) was concerned about the potential implications of the reform on the health system, including potential infringements to the right to health and the quality of medicine, medical specialisation as well damage to labour relations, by, for example, limiting the right to strike.

Feeling that the IMA could not stand idly aside, President Zion Hagay issued a statement, which was accepted by the majority of IMA General Assembly delegates.

A functional, ethical health system must be based on democracy and a strong, independent judicial system that ensures that the rights of patients, physicians and the health system will not be harmed.

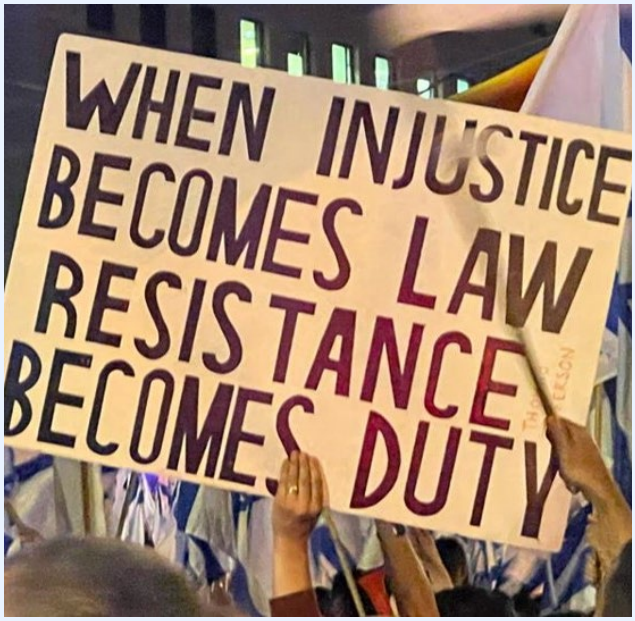


Photo: Leah Wapner

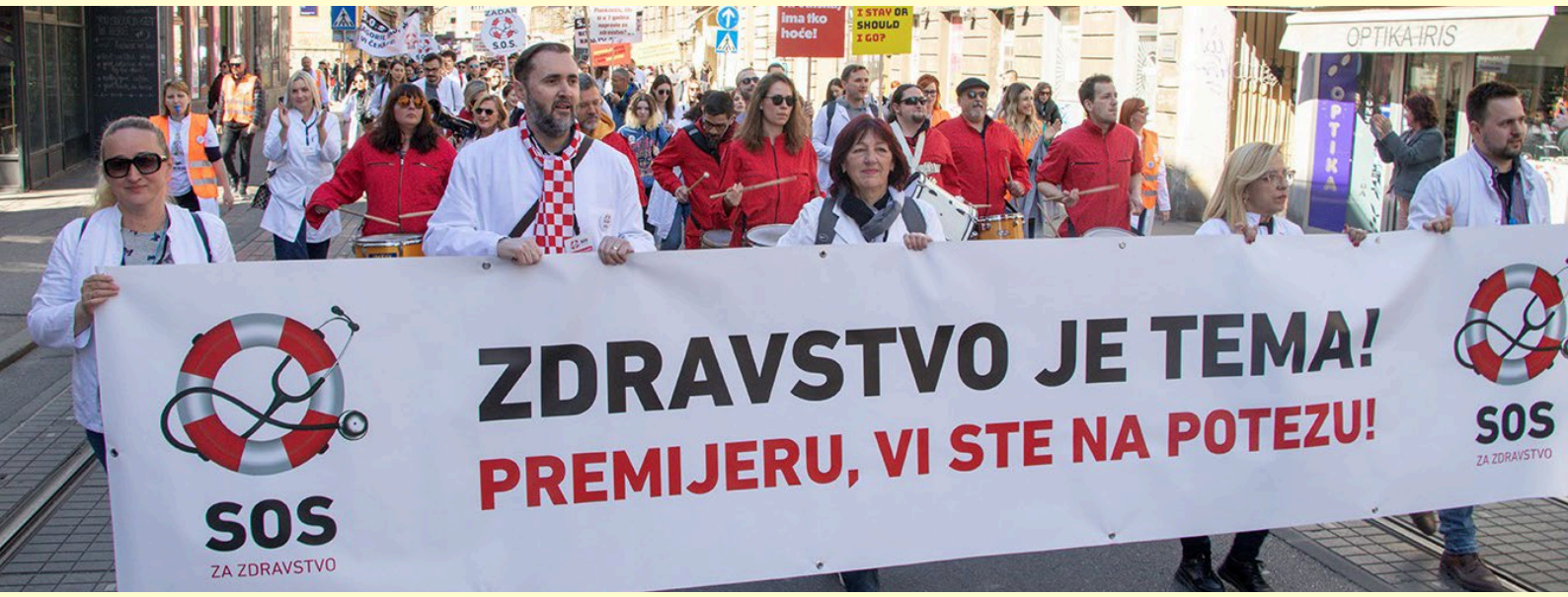
On 26 March, Prof Hagay called a press conference where he called upon Prime Minister Netanyahu to halt the legislation and to enter negotiations.

On 27 March, the country came to a standstill: flights stopped, McDonald's and, major banks closed – most of the country was on strike. That evening Prime Minister Netanyahu announced that he will pause the legislation and that he has entered discussions with parliament under the auspice of President Herzog.

Nevertheless, the demonstrations continue, in order not to slip into complacency. It is unclear what the future will hold: we are fighting for democracy under fire.

We are strong, we are determined, we will never surrender our ethical principles! The IMA will never stop fighting for patients and the profession.

Croatian doctors send SOS for health



Tajana Pilko Koštan & Ivan Raguž
Croatian Medical Chamber

In March, five Croatian medical umbrella assocations organised a joint protest "SOS for Health“. More than 3 000 physicians walked through main street in Zagreb to St. Mark's Square.

Following the protests, a new law on the legal status of medical doctors is currently being prepared and its adoption is expected.

On 18 March, the Croatian Medical Union, Croatian Medical Chamber, Croatian Association of Hospital Doctors, Coordination of Croatian Family Medicine and Croatian Young Doctors Initiative organised a joint protest "SOS for Health".

The protest was held after a long process of negotiations with the health administration over measures and solutions for the health workforce.

During the pandemic Croatian doctors remained silent and worked. After the pandemic has slowed, they have waited for the implementation of agreed advancements, but deadlines were not met.

According to a survey sent by five umbrella medical organisations, 97 % of Croatian doctors are dissatisfied with their legal status, and 94% support protests.

This huge dissatisfaction of doctors is the result of overwork and poor working conditions, inefficient health management, the devastation of primary health care, non-existent health reform and the continuous ignoring of doctors' requests by the Ministry of Health and the Government.

The medical organisations' demands are:

1. A law on the legal status of medical doctors, with a built-in significant increase in the basic salary for all medical doctors.
2. Raising of coefficients for all specialists to the level of the subspecialists, increasing the coefficients for residents and doctors without specialisation.
3. Abolition of army-style contracts for residents.
4. Full application of proscribed staff requirements and time normative in public healthcare system.

Following the protest, the leadership of the five organisations held a meeting with the Croatian Prime Minister, after which the government adopted a decision equalising the coefficients of all specialists and subspecialists in the public health system, as well as increasing the coefficients for residents and doctors without specialisation.

With this decision, the government fulfilled one of the four requirements.

The law on the legal status of medical doctors is currently being prepared and its adoption is expected.

Croatian Medical Chamber stands strongly together with the four other Croatian medical organisations for these demands to the health administration and the Government.

Advancing mental health in Europe: A promising new step closer to our vision

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On 7 June 2023, the European Commission (EC) launched a Communication on a comprehensive approach to mental health.

With €1.23 billion in EU funding from different financial instruments and 20 flagship initiatives, the new comprehensive approach starts putting mental health on par with physical health, as part of a strong European Health Union.

Several months ago, Mental Health Europe (MHE), CPME and other stakeholders embarked on a journey to influence EU policies in an effort to protect and improve mental health for all.

Our combined efforts culminated with the publication of the Joint Statement "A Mental Health in all policies approach as key component of any comprehensive initiative on mental health".

Endorsed by 78 organisations and 25 individuals (including 9 MEPs), the Joint Statement provides recommendations to the EU and to European countries to achieve the vision of a Europe where everybody's mental health can flourish throughout their life course.

The EC Communication published on 7 June brings us one step closer to our vision.

Our call for mental health in all policies approach has been heard.

The initiative recognises that mental health is about more than just health: socio-economic and environmental determinants – combined with life events – shape our mental health and can act as protective or risk factors.

As a result of this broader understanding of mental health, coordinated efforts with and beyond the health system are required to overcome barriers to good mental health, including a strong focus on prevention.

Another guiding principle of the new EU approach is access to high quality and affordable mental healthcare.

In our Joint Statement, we had called for holistic support at community level, i.e., for services across different sectors to collaborate in order to meet the health and social needs of people experiencing mental health problems.

As concrete tools, we had proposed training for health and care professionals on intersectoral collaboration and joint service provision and innovative approaches such as "social prescribing".

These actions are explicitly mentioned in the Communication. The EC commits to increasing the availability of mental health services across Europe, by offering technical support to Member States to design and implement reforms towards integrated cross sectoral mental health services.

The Commission also commits to strengthening training for healthcare and other professionals by mobilising EU funds to this end.

Moreover, starting in 2025, the EC will ensure that the European Health Interview Survey (EHIS) includes additional mental health data to ensure robust monitoring and assessment of progress across the EU.

The new EU approach also recognises the necessity of tailored support for people in vulnerable situations.

The last guiding principle of the new EU approach is social inclusion of people with mental health problems. The Communication calls for efforts by all stakeholders to improve awareness and understanding of mental health.

MHE acknowledges the EC's initiative while highlighting areas for improvement, particularly the need for recovery paths beyond individual healthy lifestyles and biomedical research.

Even though perfectible, the initiative is seen as a good first step, which can pave the way for the development of a long-term strategy towards a mentally healthier Europe.

MHE looks forward to the next steps and is eager to coordinate the engagement of stakeholders in the implementation phase of the initiative via a "Mental Health in All Policies Stakeholders Network", which is hosted on DG Sante Health Policy Platform (you are welcome to join it here).

As recognised by the European Commission, the EU initiative signifies the beginning of a journey, a journey that we all have to take together, because mental health concerns all of us.

The role of medical students in shaping European health policies

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Medical students represent the future of the healthcare workforce.

While Europe is facing a healthcare workforce shortage crisis, the insights provided by medical students may be an opportunity to create effective policies.

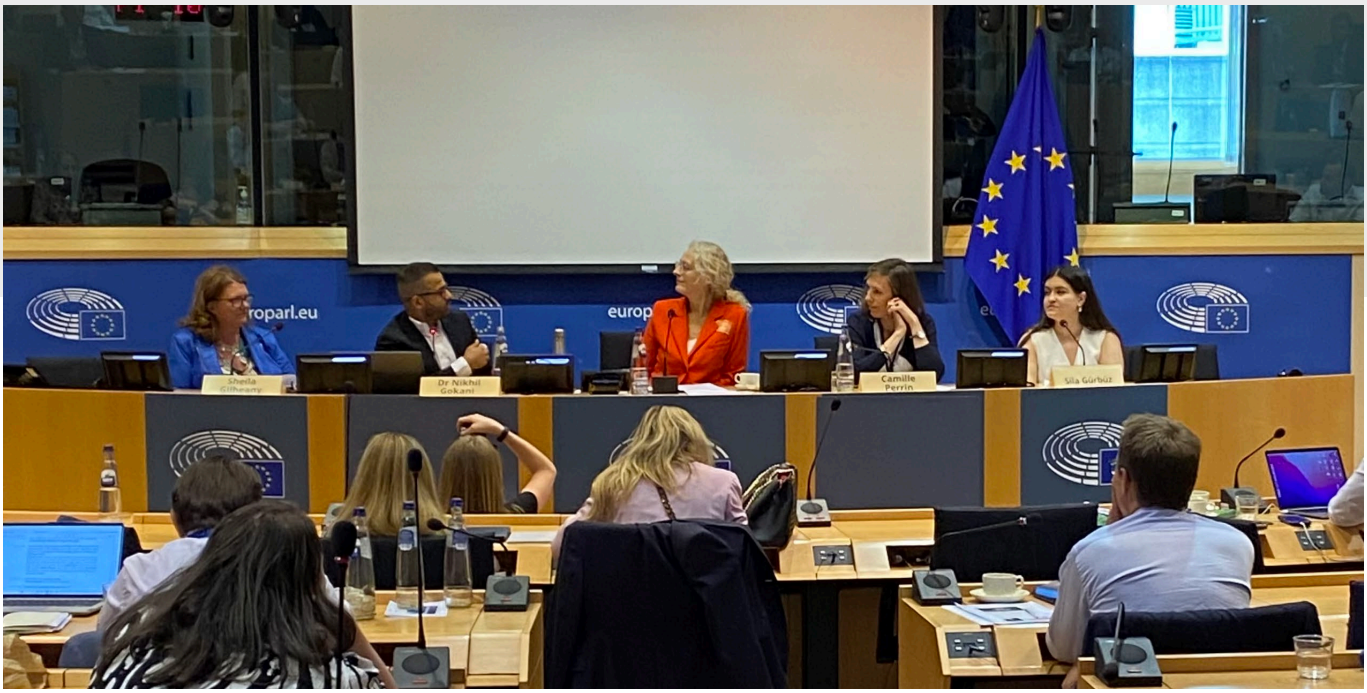
Incorporating their perspectives ensures that policies can be aligned with the needs and expectations of the future generation of medical doctors.

In the dynamic healthcare landscape of today, the role of medical students extends far beyond the classroom and clinical settings.

We, as EMSA , believe that meaningful youth engagement in health policies is crucial. We advocate for including young people in the policymaking process to ensure their voices are heard.

This means integrating the unique perspectives, knowledge, and experiences of young people into decision-making processes, thus enhancing policy outcomes and fostering institutions that truly understand and respond to youth viewpoints.

By bringing youth-centred points and advocating for health in all policies, youth can drive positive transformations in healthcare across Europe .



Sıla Gürbüz (top right), EMSA intern at CPME, contributes to a debate on commercial determinants of health at the European Parliament.

The European Medical Students' Association (EMSA) offers medical students multiple pathways to engage with health policies through six dedicated working pillars, its own policy-making system, and collaborations with various stakeholders.

Twice a year, EMSA members write policy papers which are adopted during the spring and autumn general assemblies. These policy papers provides an opportunity to reflect the opinions of European medical students at different levels.

This year, EMSA had the privilege of presenting them in high level discussions at the European Parliament, WHO Europe and many stakeholder conferences.

The CPME Internship is among the various ways through which medical students can actively engage with health policies in EMSA. This internship programme has been a longstanding collaboration between CPME and EMSA since 2003.

Through this internship, CPME has offered me with an exceptional opportunity to gain invaluable insights into the complexities of the European health policy system in the heart of Brussels.

As European medical students, we value the opportunities we have to engage in health policies through partnerships and collaborations with policy bodies.

We strongly encourage stakeholders including high-level institutions and national governments to actively seek the involvement of youth in their policy initiatives, recognising the valuable perspectives and contributions we can offer.

CONTACT

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