



On 9 July 2020, the CPME Executive Committee adopted the 'CPME consultation response to WHO-Europe Programme of Work 2020-2025' (CPME 2020/062 FINAL).

CPME consultation response to WHO-Europe Programme of Work 2020-2025

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues¹.

1.) *The EPW is focused around three core priorities:*

- *Moving towards universal health coverage*
- *Protecting against health emergencies*
- *Promoting health and well-being*

Have any important policy avenues or opportunities been missed for moving forward with these priorities? Is the balance correct?

CPME welcomes the core priorities. We wish to highlight a few considerations:

The pandemic has underlined how crucial the health workforce is for functioning health systems. CPME has been collecting status reports from its members since March, to understand how doctors are experiencing the COVID-19 pandemic. The vast majority of countries reported problems with shortages in the medical workforce. Therefore, CPME is calling for a review of health workforce planning at national level, to build a baseline capacity which is sufficient to ensure universal health coverage as well as surge capacities which can be deployed to deal with extraordinary situations. We welcome the EPW's commitment to continuing action on supporting this process. At the same time, there must be better implementation of existing legislation to ensure lawful working conditions, as well as decent remuneration. We welcome the EPW's recognition of the impact of quality of training and career development as a factor in ensuring the durable attractiveness of the profession. As regards "modernizing the [...] modus operandi of the existing workforce", CPME believes that innovations such as digital health services can support and enhance communication and the sharing of knowledge with patients. However it is important to agree that innovation be it in digitalisation or interprofessional collaboration must depart from the objective of improving patient safety and

¹CPME is registered in the Transparency Register with the ID number 9276943405-41.

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quality of care. They must not be driven by cost-reduction targets. As regards the proposal to “convene a supranational consortium to develop in-service training programmes”, CPME expresses its interest to be involved. We would also appreciate more details on the “pan-European leadership academy”.

The second priority we wish to comment on is the continued action to promote vaccinations. Over the past months, CPME has added a new impulse to its activities in the area, not least by co-chairing the Coalition for Vaccinations initiated by the European Commission, and which has launched campaigns i.a. for European Immunisation Week. Alongside the many positive arguments for vaccinations, it may be the dramatic reminder what the absence of vaccine can mean for health that will now give new impetus to the objective of eradicating vaccine preventable disease in Europe. CPME welcomed WHO-Europe’s call to maintain immunisation programmes throughout the pandemic. However it will continue to be of central importance to provide accurate information to the public, combat myths around vaccines and vaccination, and exchange best practices on vaccination. CPME will continue to highlight the importance of doctors leading by example and being vaccinated according to national immunisation programmes themselves, as well as promoting vaccination among patients. We are pleased that the Immunisation 2030 Agenda presented in the EPW will create a framework for future action.

2.) *Three tracks to maximize country impact*

The EPW highlights three tracks for the Regional Office to maximize country impact:

- *intensifying its collaboration with international partners at regional or subregional level;*
- *improving its collaboration with national and subnational health authorities to reinforce sector leadership and build trust; and*
- *adjusting its own structures into a fit-for-purpose organization.*

Are these three tracks realistic and sufficient to make a substantial difference?

We see that the EPW is entitled ‘United action for better health in Europe’, which recognises the importance for multiple actors working on these objectives. CPME is conscious of the task to coordinate political agendas and work plans between all relevant actors, at national, European and international level. We therefore encourage the creation of multilateral horizontal fora for exchange to ensure that the multitude of health policy actors, in particular Member States, health stakeholders, the European Union, OECD and WHO-Europe and even the Council of Europe align agendas, avoid duplication and deliver concrete results. This applies in particular to cross-sectoral projects such as the flagship initiative on ‘Empowerment through Digital Health’.

We would also like to highlight the role WHO-Europe has to play in promoting global health and the European region’s opportunities, also in cooperation with the European Union. CPME strongly believes that cooperation in health policy should be as inclusive as possible. Challenges such as infectious diseases and antimicrobial resistance are inherently of a cross-border nature and require meaningful global collaboration. A failure to include all countries threatens the effectiveness of health policy action and by extension global health. As an example of this, CPME has supported the



invitation of Taiwan as an observer to the World Health Assembly. We believe the European region has a voice in this debate.

3.) How can Member States and other partners (including you/your organization) contribute to making the Regional Office collaborate more effectively and efficiently? How can they help mobilize the human and other resources needed to achieve the goals of the EPW?

CPME is pleased to be recognised as a non-state actor in the WHO-Europe's framework of engagement. However we believe that in light of many shared priorities, there is scope for even greater collaboration at policy level. As a first step, CPME would be interested in regular exchanges with the WHO Brussels office with a view to alignment on European and in particular EU activities. We would also appreciate coordinated outreach to the FENSA stakeholders throughout the year, in particular as regards consultations, workshops or other opportunities to contribute to the policy creation process at WHO-Europe.