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Annual Report

[2025] – 1st January to 31st December 2025

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This document was produced for review by the European Alliance for Vision Research and Ophthalmology (EU EYE), Belgium.

THE ORGANISATION

The [EU EYE](#) constituency comprises of ophthalmological societies, networks and consortia representing over 9,000 medical specialists active in clinical medicine, research, education and training in 100 countries.

EU EYE works towards building a respected forum which brings medicine, science, education and advocacy together and is accessible to all – citizens, decision makers, research and healthcare workforce.

EU-EYE Full Members

- European Society of Retina Specialists [EURETINA](#)
- European Glaucoma Society [EGS](#)
- European Association for Vision and Eye Research [EVER](#)
- European Eye Bank Association [EEBA](#)
- European Society of Cornea and Ocular Surface Disease Specialists [EuCornea](#)
- European Association for the Study of Diabetes/Ophthalmology Section [EASDec](#)
- European Paediatric Ophthalmological [EPOS](#)
- European Vision Institute [EVI](#)
- European Vision Clinical Research network [EVICR.net](#)

EU-EYE Associate Members

- COST Action CA18116 Aniridia network [Aniridia-Net.eu](#)

EU-EYE Board

Carlo Traverso	President/EGS
Jesper Hjortdal	Secretary / EEBA
Martin Zinkernagel	Treasurer / EURETINA
Thomas Fuchsluger	Board Member / EVER
José Güell	Board Member / EuCornea
Darius Hildebrand	Board Member / EPOS
Hendrik Scholl	Board Member / EVI
Marie-José Tassignon	Board Member / EVICR.net
Tunde Peto	Board Member/ EASDec

General Assembly Representatives

Current Board Members represent their individual organisations at the General Assembly. Associate member Aniridia-Net is represented by Neil Lagali.

EU-EYE Vision & Objectives

The vision of the European Alliance for Vision Research (EU EYE) is multifaceted with a focus on:

- ✿ the recognition of eye sight as a determinant of health, social inclusion, productivity, and sustainability of healthcare systems;
- ✿ the full integration of eye health and vision research into European public health, research, and innovation strategies.

EU EYE aspires:

- to grow further as the collective voice of the ophthalmology community at all levels of government at national and EU level (EU institutions, bodies and agencies) in matters of health, research, and regulatory policy;
- to build a respected forum which brings medicine, science, education and advocacy together and is accessible to all – citizens, decision makers, research and healthcare workforce.

To these purposes, EU EYE maintains a varied portfolio of activities aiming to open up the space that includes the patient empowerment process and the creation of new translational and fundamental research networks in the area of ophthalmology. Above all EU EYE advocates for people-centred eye health care and support its members in their efforts to promote eye health at national and EU level.

Summary

In July 2025 EU EYE was re-elected as a full member of the [HPCWP](#) of the EMA for the mandate 2025–2028 in addition to its membership of the HTA Stakeholder Network and the MSP AG of the ACT EU. The organisation renewed its charter and strengthened its operational effectiveness with additional approaches. Support continued to the defending of Hospital Exemption Regulation during the EU trilogues on pharmaceutical legislation; working on derogation for ophthalmology for PFAS restriction; and providing input to the EHDS Stakeholder group. EU EYE achieved greater visibility through the invited presentations on its work at the HCPWP/PCWP Joint meeting at EMA, Amsterdam and the Euretina Special Focus Meeting, Athens.

Acronyms & Abbreviations

ACT-EU	Accelerating Clinical Trials in the EU
ATMPs	Advanced therapy medicinal products
CLEO	Council of Lived Experience in Ophthalmology
DG SANTE	Directorate-General for Health and Food Safety
EC	European Commission
ECHA	European Chemicals Agency
EHDS	European Health Data Space
EIS	EURETINA Innovation Spotlight
EMA	European Medicines Agency
ESC	European Society of Cardiology
EXPAMED	Experts in Medical Devices
HaDEA	Health and Digital Executive Agency
HCP POG	Healthcare Professionals Policy Officer Group
HCPWP	Healthcare Professionals Working Party
HE	Hospital Exemption
HPP	Health Policy Platform
HTA	Health Technology Network
JSC	Joint Scientific Consultation
MEP	Member of European Parliament
MSP AG	Multi-stakeholder Advisory Group
NAION	Non-Arteritic Anterior Ischemic Optic Neuropathy
PCWP	Patients and Consumers Working Party
PFAS	Per-and poly fluoroalkyl substances
POG	Policy Officers Group
RAC	Risk Assessment Committee
SEAC	Committee for Socio-Economic Analysis
WG	Working Group

EU EYE Activities 2025

1. General Organisation & Highlights

The EU EYE increased responsiveness and provided consistently expertise and data to EU institutions and agencies, demonstrating increasing effectiveness (output legitimacy), transparent engagement, and translating effectively societal interests into health policy, while representing the interests of its individual member organisations. A multiplicity of efforts at Board, clinician and advisor level, consolidated further the EU EYE's presence among the political and regulatory circles at EU level with the following outcomes:

- ✳ registration of [new EU EYE bylaws](#) in Belgium in May 2025
- ✳ [re-election of EU EYE as eligible organisation of EMA for its mandate 2025–2028](#) in July 2025
- ✳ becoming member of the HTA WG on the identification of patients and clinicians for the forthcoming JCAs (more details below under **HTA Stakeholder Network** entry)
- ✳ securing a RAC recommendation on the requested derogation from PFAS restriction (more details below under **PFAS restriction** entry)
- ✳ invited presentations of EU EYE's work: a) entitled [A Patient's quest to the Magical Land of Clinical Trials: Is there a Yellow Brick Road?](#) at the EMA's HCPWP/PCWP joint meeting in November and b) ["Aligning policies with real-world medical needs: the bridging role of HCP organisations in the EMA–ECHA regulatory overlap"](#) at EMA's Members' Voice section.
- ✳ joining the Shortages drafting group of the EMA POG in addition to continuing co-leading the Surrogate Endpoints drafting group
- ✳ completion of the preparatory phase of EU EYE Internal Communications Group (ICG)¹ and the Council of Lived Experience in Ophthalmology (CLEO)² with view for both of them becoming fully operational in 2026.

¹ The ICG consists of communication representatives of member societies aiming to improve policy awareness among the greater ophthalmology community through timely alerts and briefings.

² The EU EYE Working Group, WG–CLEO, was established in August 2021 aiming to set a loose basis for CLEO with inclusion criteria and short-term tasks. Once CLEO is formed, its members will decide on organisational structure (formal or informal); concepts involved; and expand CLEO to address gaps in policy for all eye diseases; improve communications with citizens regarding eye health; and integrate in research, the needs, perspectives & expectations of different groups as far as it is possible (age, ethnic, groups, vulnerable populations such as children, elderly etc).

In more detail:

HTA Stakeholder Network³. Represented by João Barbosa Breda, the EU EYE has joined the [HTA WG on the identification of patients and clinicians](#) with focus on: developing processes for finding and involving appropriate experts (patients and clinical) in joint work such as in cases of [Joint Clinical Assessments](#); how to balance detailed information requirements with timely expert identification; to enhance communication and outreach; and to provide clearer explanations through the development of dedicated communication materials and a webpage on Europa HTA page. This WG is one of many themed WGs launched by the HTA Stakeholder network earlier in 2025 to manage its work load.

PFAS restriction. The scope and the status of the derogation recommended for the use of PFAS in ophthalmology have been clarified following the completion of the RAC consultation on the PFAS restriction proposal. The use of fluorinated gases as ocular endotamponades in vitreoretinal surgery falls under the Medical Devices sector. This specific application is mentioned in section E.2.9.5.7 of Annex E to the [Background Document](#). The application is covered by derogation 6.d which applies to “invasive medical devices until 13.5 years after the regulation’s entry into force. The EU EYE’s input to the PFAS consultation (#7016) was referenced by the Dossier Submitter in ECHA’s [Background Document](#), [Annex A](#) and [Annex E](#), under [Vision Applications, a Sub-use entry in the Use Category of Invasive Medical Devices in PFAS Use-mapping](#) which states:

“Vision applications covers the uses of PFAS in invasive vision applications. Examples include Rigid Gas Permeable (RGP) lenses, invasive applications and tamponade agents used in ophthalmic surgery (including ocular tamponade gases), and eye drops (without active ingredients).”

The EU EYE plans to engage in the final [ECHA consultation on the draft opinion of SEAC on PFAS restriction](#) following the Committee’s meeting in March 2026. This is in addition to EU EYE’s continuous support to the EURETINA consensus panel under Mario Romano and the presentation entitled “Overview of ECHA process & evidence needs for derogation” at the Euretina Special Focus Meeting on Ocular Endotamponades, Athens, Greece. The EU EYE is also supporting the EU RETINA in increasing awareness about their work on evidence-based recommendations on PFAS use for a sustainable surgical practice.

³ [HTA Stakeholder Network](#) aims to integrate in the HTA process, the perspectives from patient associations, health professionals, health technology developers and payers. Work is evolving around the 2028 evaluation of the HTA Regulation; methodology & procedural guidance for JCAs and JSCs; Emerging Health Technologies (EHT); the HTA IT Platform.

European Medicines Agency. Collective input, and clinical or patient expertise were provided throughout the year for EMA’s scientific advice or reviews of medicines. Awareness of the EU EYE work among the Policy Officers Group of EMA and the PCWP/ HCPWP was increased thanks to various presentations as acknowledged in the EMA report on [the hybrid PCWP/HCPWP meeting in November 2025](#). Participation in the [HCP POG](#) of EMA continued with a presentation informing of the EU EYE’s work on CTs entitled “Closing the gap on public awareness of health policy: starting with the case of Clinical Trials”; and joining [the Shortages of Medicines stream in addition to co-leading the stream on surrogate endpoints and new ways of conducting clinical trials](#).

Clinical Trials. Over the years, patient inquiries to EU EYE on clinical trials for rare eye diseases have increased considerably coming from across the world (France, Spain, India, Poland, Lithuania, South America). As a result of this increase, the EU EYE examined availability and user friendliness of current CT search tools: the findings were presented in a POG meeting (see above under **EMA** entry): “Closing the gap on public awareness of health policy: starting with the case of Clinical Trials”). Further work involved the creation of suitable educational material on the patients’ pathway to participation in Clinical Trials in collaboration with patients. Once approved, the educational material will become accessible at the EU EYE website in 2026 and will be disseminated further to EMA’s POG.

Hospital Exemption. True to its 2024 pledge, the EU EYE continued its efforts in further defending the HE regulation in 2025 by pivoting to support the [Go-Cart coalition](#) in its work as resources were directed in other efforts during the trilogue negotiations of European Commission, European Parliament and Council on the review of the pharmaceutical legislation.

NAION and semaglutide. Concerns were raised about the link between NAION and semaglutide intake with view to submit a report on the matter to EMA once more data become available from those national branches of the member societies involved in the topic.

EHDS. EU EYE continued its work with the EHDS Alliance and the dissemination of updated messages on EHDS regarding

- enhanced legal clarity & improved definitions;
- limit the additional burden on healthcare professionals and
- ensure systematic stakeholder involvement in the implementation/operation phases.

It is expected that the EU EYE will increase its involvement in the coming years as the implementation of the EHDS Regulation is roll out in phases from 2029 to 2030.

Finally EU EYE updated its [entry in the EU Transparency Register](#) and it continued as a registered user of the Health Policy Platform ([HPP](#)) of the European Commission.

2 ADVOCACY

Public consultations, workshops and events

Engagement continued with the consultation and decision-making process of the EU institutions and its agencies by either disseminating consultations targeting individual healthcare professionals or participating collectively as an organisation in the following:

- Reviewing package leaflet – myopia in children (EMA)
- Plain-language medicine summaries Medicines overview (EMA)
- Critical Medicines Act Webinar (EMA)
- Hospital Exemption Study – Survey (DG SANTE/HaDEA)
- Action Plan on cybersecurity of hospitals & healthcare providers (EC)
- Use of Automated Tools for Compliance & Reporting in Healthcare (DG Connect)
- Clinical Trials (EC)
- Mapping ATMP capacity in EU (EPTRI)
- Call for Action on CVDs in response to Council's Conclusion on Cardiovascular Health (EUPHA)
- Consultation on PFAS draft opinion – Guidance for respondents (ECHA, Webinar)

3. VALUE OF EU EYE

The EU EYE concluded its work at the end of 2025, with initiating an evaluating process of the true effectiveness and value (internal and external)⁴ of the organisation within the complex EU landscape. An increase over the last few years in both volume and variety of internal and external requests by individuals or organisations – other than EU policy officers or the EU agencies – offers a glimpse in both these distinctly different entities of value. The inquiries range from information on policies and EU initiatives and other support including:

- support to calls for action, to informal coalitions, or to defend specific policy issues of interest to member societies;
- invites to present to medical events (EURETINA, EGS, FLORetina-ICOOR Congress)
- assistance for participation in clinical trials for rare eye diseases;
- support for applications to EXPAMED and EMA's pool of experts (patient/consumer/healthcare professional experts);

⁴ Perceived internal value is that offered to members; external value is that provided to general audience.

- invites to join consortia formation ([WIDERA](#); [COST actions](#); [EU4Health secondary use of data in EHDS](#))
- Information on cross-border joint pricing negotiations; Critical Medicines Alliance, Swiss participation in Horizon Europe.

The **consistent increase in volume** is considered to be a signal of engagement and of a certain degree of visibility of EU EYE among citizens and organisations. It potentially mirrors broader shifts in EU dynamics and communication, driven by factors like emerging new policy topics and changes in political priorities; refinement or updating of existing policies; new, complex projects; and the need for deeper insights from individuals and organisations.

The **increasing variety of topics** are indicative of direct interest in the organisation and its work.

Both increases can potentially be considered as measures of:

- the increasing relevance of the EU EYE work for individuals and organisations;
- the credibility of EU EYE as knowledge provider and
- the legitimacy gained by EU EYE for its role in operations among the EU interest representation community and even citizens' everyday life in EU and beyond.

Insights to the value of EU EYE remain qualitative and although the inquiry type and origin may indicate relevance of EU EYE's role in operations of other organisations and even citizens' everyday life, one should also be mindful that the breadth of such relevance remains restricted due to:

- the digital divide and
- a potentially privileged segment of the global population behind such inquiries despite the diversity in geographical origin.

Other metrics will help understand better the exact effectiveness of its work such as quantitative data per each inquiry type, follow up progress per inquiry, evaluation of both outcomes (policy wins) and inputs/outputs (meetings, position papers, etc) of the advocacy efforts including evaluation of the 'feedback solicitation process'⁵, which demands proactivity and honest feedback by members and the understanding that member needs have to be aligned with both the organizational strategy and EU priorities if the EU EYE is to remain externally a relevant entity for the EU institutions, bodies and agencies. The following 2025 case illustrates how a member's proactive response to an external inquiry unlocked the potential value of EU EYE membership. A report covering a decade of advocacy work in EU and a list of cases will be available in 2026 when a number of on-going initiatives will reach completion.

⁵ The *feedback solicitation process* is a cyclical, component of influencing public policy, aimed at refining arguments, gauging the political landscape, and building relationships. The concept has been adapted for priority setting for the EU EYE operations for over 10 years. It relies on member organisations identifying and proposing areas of work with direct benefits to their own organisation and with EU EYE becoming a proactive supporting partner. This approach is thought to maximise internal value and strengthen the organization's human capital as involving members in identifying issues often leads them to volunteer, take on leadership roles, or contribute to working groups, etc.

EU EYE hopes that as the organisation matures, additional data will be available for a more holistic evaluation of its value of its presence across Europe.

Unlocking value of membership: a case study

The EU funded consortium Erasmus+ project [Planetary Health Education in Prescribing \(PlanED Prescribing\)](#) aims to educate prescribers on medication choices which consider patient care, environmental impact and sustainability. In May 2025, the consortium approached the EU EYE for support in their data collection. [EVICR.net](#), one of EU EYE's member organisations, undertook the task tapping into their broad network among the ophthalmology community. By July 2025, [EVICR.net](#) had become an associated partner in the project as reported in their periodic report

" [EVICR.net](#) supports the project's activities and outcomes, can disseminate relevant results through their professional networks, and can assist in creating educational materials related to the environmental impact of medication in ophthalmology."

ACKNOWLEDGEMENTS

The EU EYE would like to particularly thank Dominique Brémond-Gignac and Mor Dickman for their dedication and commitment as the clinical representatives of the EU EYE to the working meetings of the [HPCWP](#) of the EMA until the end of the mandate 2023–2025 in June 2025. Their considerable efforts have promoted the EU EYE mission and its values and more importantly, contributed to the increasing credibility and legitimacy of the EU EYE as the voice for ophthalmology at EU level.

The EU EYE would like to welcome Mario Romano, Marta Pazos and Miriam Kolko for the EU EYE work with the EMA HCPWP for the mandate 2025–2028. We hope that we will continue advancing the interests of the ophthalmology community together in what promises to be a very busy next phase with numerous forthcoming, overlapping legislative acts.

Our final acknowledgments go to all those experts, patients, clinicians and researchers, and who cannot be named for confidentiality reasons but, whose efforts and time input, whether in EC workshops or EMA exercises, strengthened the advocacy efforts of EU EYE.