

CONCISE GUIDE ON INFLUENCING HEALTH POLICY IN EUROPE



EUROPEAN
SOCIETY OF
CARDIOLOGY®

“Cardiologists alone can not handle the problem of cardiovascular disease. Therefore, there's a strong need to further develop external relations on the political level, with industry, other professional organisations and the press.”

Professor Michal Tendera, Muenchen, 2004

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European Institutions

A quick overview:

The EU institutions are made up of 3 main entities:

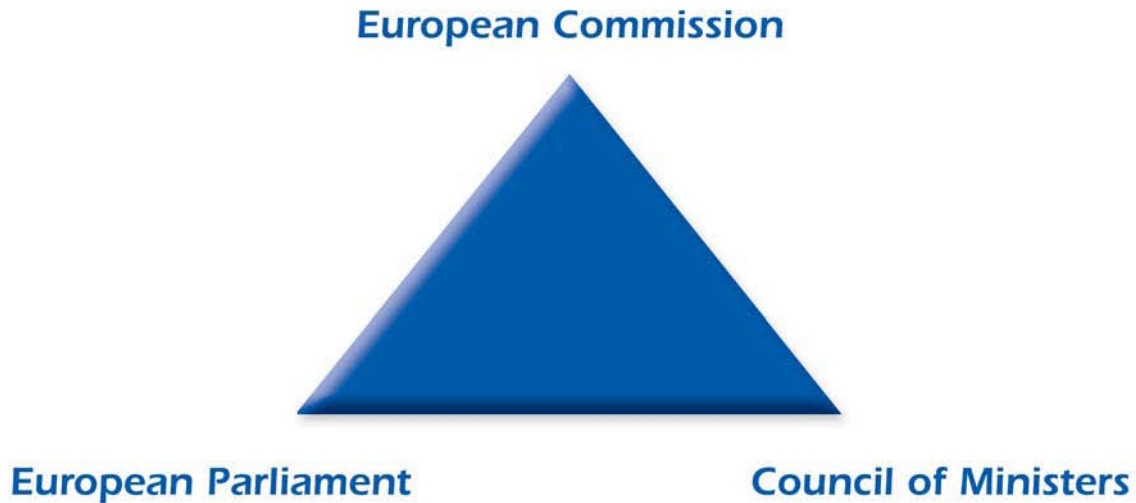


Fig 1: The European Institutions triangle

Each institution plays a distinctive role in the development of European policy.

The European Commission

The Commission is made up of 27 Commissioners (one from each Member State) and 24 Directorates General. Each one is dedicated to a specific European matter, one for Public Health and Consumer Protection, one for Research, one for Education and Culture, etc.

The College of Commissioners is mandated for 5 years; its president is appointed by the Council of the European Union. The role of the Commission is to initiate and propose new policies whenever necessary and to implement them once they have been accepted by the Council (and by the European Parliament for topics submitted to the co-decision procedure). The European Commission also executes the decisions taken by the Council.

The decision process at the European level is based on consultation and compromise. Hence, the Commission often asks for the opinions of experts and stakeholders via the publication of "Green Papers". The Commission then takes on board the opinions received, whether from European or national entities and individuals, to draft new legislation.

The Council of the European Union

The Council has legislative and budgetary powers. The Council's configuration depends on the subject discussed, e.g. Health Ministers for the Health Council, and so on.

The Council is presided by the Member State that holds the EU presidency, following a rotation system every 6 months. The presidency gives orientations to the work of the Council of Ministers.

The Council is assisted by the Coreper (Committee of Permanent Representatives) based in Brussels; it prepares all the dossiers on the agenda and strives for agreement on possible diverging items at the Council meetings.

The European Parliament

Once the watchdog of the European Union (its role was mainly a consultation one), the European Parliament has benefited since the Maastricht Treaty from growing legislative power: it is entitled to vote on an increasing number of topics, along with the Council of Ministers. This is called the co-decision procedure (public health and research are two topics submitted to the co-decision procedure).

The European Parliament also has budgetary powers and is expected to give its consent to or censure other institutions. The European Parliament is divided into political groups, as well as Parliamentary committees in charge of specific subjects, like the ENVI committee (Environment & Public Health) or the ITRE committee (Industry & Research)

Elaboration of a proposal, submitted to the co-decision procedure

Co-decision procedures now amount to 50% of the normative activity of the European Union.

Proposals are first drafted at the level of specialised units, within the European Commission's directorate generals. Consultations and hearing of experts are part of a normal process in order to define the best common position among stakeholders and Member States.

This phase is crucial to give advice and provide expertise to civil servants who welcome experts' advice in the field that they are dealing with.

The proposal has to be approved by the whole Board of Commissioners before it is sent for voting to the Council and the Parliament.

The Parliament acknowledges receipt of the European Commission proposal and appoints a Parliamentary Committee, which will be in charge of studying the proposal. The opinion of other Parliamentary Committees might be requested. A rapporteur is also appointed to supervise the debate and publish a report. When this is done, other Members of the European Parliament (MEPs) are invited to table amendments to the report. A first vote takes place within the Parliamentary Committee, followed by the vote in Plenary.

At this stage, MEPs often welcome any advice from national or European experts to help them form their opinion on the subject. Once their opinion is formed, they can table amendments to support experts' positions.

The COREPER (Committee of Permanent Representations, made up of Member States' representatives in Brussels) also discusses the proposal and prepares the debate for the Council. Most of the time, an agreement is reached by the COREPER before the Council actually meets (the Council then just acknowledges the agreement reached, without debate).

If the Parliament and the Council both accept the proposal sent by the Commission, it is adopted. If not, a second reading might be necessary. In the disagreement persists over the second reading, a conciliation procedure also involving the European Commission is set up. When the conciliation procedure fails (which is extremely rare), the proposal is considered not to be good enough and is abandoned.

Influence channels for the ESC

The process described in Figure 2 shows the different points of entry for influencing the policy making process. The earlier is obviously the better but late interventions to the right people can prove extremely useful.

The process also shows that the policy influencing process makes room for all the stakeholders, whether at the European or national level. As a general principle, within the ESC, the European Affairs Committee recommends that the ESC interacts directly with the European Commission and the European Parliament.

Additionally, the ESC recommends constituent bodies, in particular National Cardiac Societies to act locally, for ad hoc projects where the influence of national ministries and Members of the European Parliament are significant in the final voting process (see Fig 2).

Constituent bodies of the ESC are also invited to have their voice heard when the European Commission launches consultation processes via the publication of green papers or Communications. The more converging opinion they receive, the more chance that the message is conveyed in the new legislation.

The ESC European Affairs Committee is involved with a strong interaction with the Council of Minister, the European Commission and the European Parliament. For the success of this interaction, a partnership with National Cardiac Societies is essential. An appropriate Pan-European cardiovascular health policy will only be successful if there is a partnership between the European Affairs Committee and National Cardiac Societies. To retain credibility in the eyes of the institutions of the EU, a unified message should come through the European Affairs Committee.

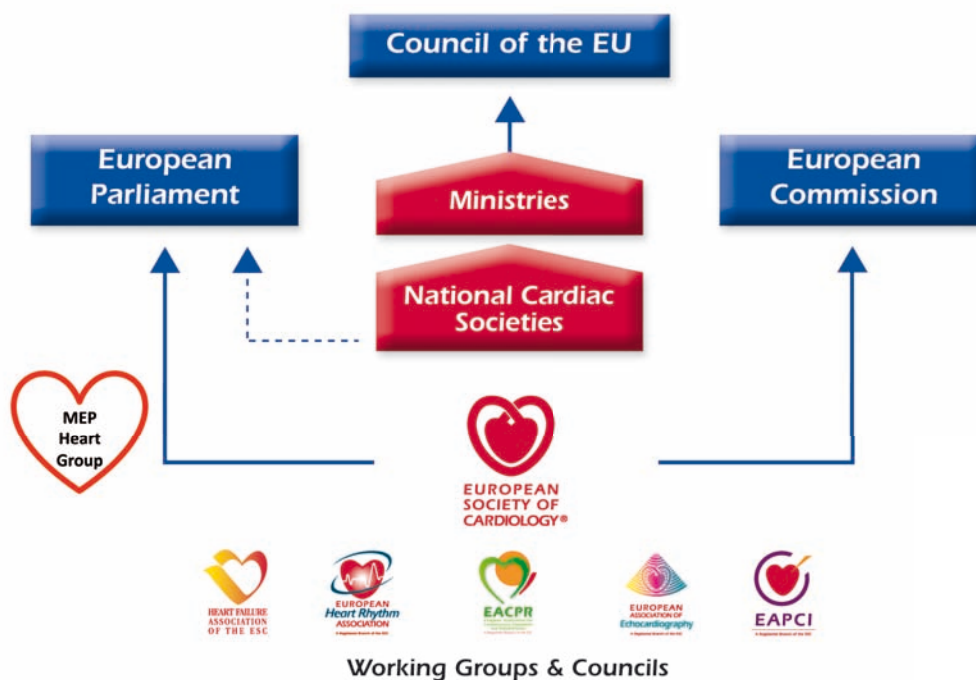


Fig 2: Channels of ESC influence

Alliances

Among health policy makers, there is a strong feeling that Alliances are the key to success. Bringing together several actors in the concerned field, showing their mutual commitment and the shared objectives and goals will definitely help convince policy makers that the topic is worth a hearing. The group's determination and expertise will do the rest!

"Health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities, by industry and by the media"
Ottawa Charter for Health Promotion, WHO, 1986

What is an alliance?

In its Guidelines for Building National Alliances for the Prevention of Cardiovascular Diseases¹, the European Heart Network defines an alliance as "a group with a cooperative agreement between two or more individuals or organisations where:

- A common purpose is agreed between all partners
- The pooling of partners' resources provides a greater gain for all
- The relationship between the partners is based on shared values, agreed aims and objectives, and honesty."

The benefits of an alliance can be quite obvious: the power of a group of organisations is greater as it represents more members, from various backgrounds and origins. It is clear to any policy maker that wherever there is motivation and mobilisation, a prompt response is needed.

It is also easier for policy makers to address a group with shared objectives, goals and values, acting in a concerted manner, than a series of individual requests from various stakeholders with similar demands.

How to be part of an Alliance?

First of all, draft a list with possible partner organisations in your country. Some of them you might know already, others might not necessarily be obvious. Be open minded: you might discover hidden allies sharing common interests and values.

You might also identify existing alliances of entities that might be worth approaching to check whether you have common interests and objectives.

In any case, a series of well-prepared meetings with the leaders of these organisations will help you identify possible grounds for an alliance.

Formalise the Alliance

Once the partners of the alliance are identified, organise a first meeting to issue a common statement to formalise the Alliance. Items such as the objective of the Alliance, the common values, goals, resources, roles of each party, and duration of such an agreement will be agreed upon and put in writing, like a Charter morally binding the Parties.

A chair and a secretary will at least be needed to ensure that the Alliance is progressing well in the chosen directions and that it speaks with one single voice.

The Alliance resources, whether human or financial, will also be discussed in order to avoid any future misunderstanding on the involvement of the Alliance partners in the common projects.

¹ *Guidelines for Building National Alliances for the Prevention of Cardiovascular Diseases, European Heart Health Initiative, September 2003.*

Make it work

To make your newly founded Alliance work, make sure that each partner has something to share and something to win with the partnership. This would be referred to as a win-win situation in any modern business manual but it is only common sense.

Once the Alliance is formed, be careful not to be too demanding on the Alliance partners: do not forget that the Alliance is not your or their core activity. The Alliance objective comes as a secondary objective that needs additional resources and it needs to stay so. Some partners might be reluctant to accept an unexpected additional workload for which they were not prepared and could choose to back out. The best would be to agree at the very beginning on clear and simple objectives with indicative deadlines so that each partner knows the exact expectations.

Regular meetings should be decided in advance, with additional ad hoc meetings to cover specific topics, not necessarily involving the whole Alliance.

A reporting system should be decided between partners to make sure that the information is shared with every actor in the group, without delay.

The Alliance will also have a better chance to work nicely if all partners get their share of recognition and glory! Make sure that all common initiatives acknowledge every stakeholder, whether they are physically present or not. Partners would soon drop out if they feel that their name and position were used for the purpose but not acknowledged accordingly.

Life and death of an Alliance

Alliances are not expected to last forever. Once the original mission is fulfilled, the Alliance might be put to an end or might decide on a new mission. When the objectives could not be reached, it can be decided to dissolve the Alliance as there is no need to maintain a partnership that does not succeed and/or cannot reach its objectives. It is better in this case to look in other directions.



**What should
a National
Cardiac
Society do?**



Market research

Before undertaking any sort of practical contact with your Health authorities, make sure to bring together as many pieces of information about the health priorities and your national environment as possible. The better prepared, the more focused action, the better results you will obtain.

To help you in this preparatory step, you will find below a series of simple questions. Some of the answers you know, others will require further research. The simple questions will help you have a more precise picture of the health authorities environment that you are about to contact and will be decisive in finding the right angle to make sure that your first contact will be a success.

Decision Makers

When you contact your health authorities, make sure that you know the normal process of decision making and that you understand the division of links and responsibilities between the Ministry or the Department of Health and the related entities. Public Health Institutes are very relevant in countries where they exist but do not exist everywhere. The Ministries sometimes set up separate agencies to deal with specific priorities. Check them to make sure that you know if they need to be involved at some stage or another.

Once you have defined your target contact and the decision makers (if different), try to know as much as possible about them on a professional level (what are/were their priorities, who are their counsellors in the cabinet, etc.) as well as on a personal level (region of origin, professional background, etc). The hobbies or centres of interest can also be helpful in identifying common ground that will make the contact easier.

Political context

The proximity of elections and the Minister's party position in the national political scene are relevant information as they can help you to adapt your speech.

Make sure that you have a clear idea of the past and current policies and health plans of the Health Ministry. If cancer and obesity are the two key actions, try to figure out how you can present the promotion of cardiovascular health to fit in, e.g. common risk factors, obesity & CVD, etc.

Being aware of the general trends to deal with specific topics could be a bonus too. For tobacco for example, while the general trend in Europe is to implement tobacco bans in the work place, including in bars and restaurants, some countries are still attached to non-repressive measures like high taxes and prevention campaigns.

Hot topics

If the current Health Authorities do not contain cardiovascular health topics, look around you and identify the hot topics in the press, whether general or medical. Then, try to justify your request by external pressure or the interest of the population.

Information sources

Here are a few ideas of where to find the type of information mentioned in the above sections:

- general press
- ministries' websites
- public health institute websites
- health services' websites
- medical press, etc.

Action plan

Now that you have all the background information that will allow you to both be fully informed of current activities and adapt your request to the context, you need an action plan.

Entry point

How are you going to contact your Minister? The official way (through the Ministry) is always the best way but not necessarily the most efficient. Use any useful contact that will help you confirm the meeting.

If the Minister participates in a local event that you can attend too, use this opportunity as an introduction to ask for a meeting.

Prepare your meeting

Thanks to the information you have gathered in the preparatory phase, chose one or two topics maximum to discuss with the Minister. Carefully analyse which are the best angles to introduce your topics. Introduce the topic with recent evidence-based data.

Prepare a few documents that you will leave behind: one of them to introduce your entity (an annual report for example), one short brief to explain the topics you addressed (this one should not exceed two pages recto-verso).

During the meeting

You have the expertise and ministers constantly look for expertise, you have a match! So be confident.

However, do not get carried away while you are conversing with the Minister. Know your resources and your potential and don't offer expertise that you cannot provide...

Respect your partners' position (in the case of the alliance): make sure that they are aware and agree on any commitment you might take while talking to your health minister.

After the meeting

This might remind you of the thank you cards your parents wanted you to send after your birthday but the rule is the same after you visited your Minister. Send a brief letter to thank him/her and recapitulate the few action points that you agreed on with possible next steps. Use this letter to clarify any point that might have remained unclear during the interview.

The media

The media has a crucial role to play in promoting heart health. Their role is dual: they can either be used to make information public on the burden of CVD and call on health authorities to act. Another role, which is not as obvious, is to use them to spread the message of heart health promotion through their programmes, whether TV or radio.

Tools

SCORE - European High Risk Chart
10 year risk of total CVD in high risk regions of Europe by gender, age, systolic blood pressure, total cholesterol and smoking status

SCORE - European Low Risk Chart
10 year risk of total CVD in low risk regions of Europe by gender, age, systolic blood pressure, total cholesterol and smoking status

Age	Men			
	Non-smoker	Smoker	11-12	13
65	14, 16, 19, 22, 26	18, 20, 23, 27	15, 17, 20, 23	18, 21, 25
60	7, 9, 11, 13, 16	9, 11, 13, 16	8, 10, 12, 14	10, 12, 15
55	3, 4, 5, 6, 7, 8	4, 5, 6, 7, 8	4, 5, 6, 7	5, 6, 7, 8

Age	Women			
	Non-smoker	Smoker	11-12	13
65	11, 13, 15, 18	14, 17	12, 14	15
60	6, 7, 8, 9, 10, 11	8, 9, 10, 11	7, 8, 9	10
55	3, 3, 4, 4, 4, 4	4, 4, 4, 4	3, 3, 3, 3	4

ESC CONGRESS 2005
8 DEDICATED SESSIONS INCLUDING:
A FULL DAY OF WOMEN & CVD
RELATED SESSIONS ON SUNDAY 4 SEPTEMBER
A FOCUS CARDIOLOGY PRACTICE SESSION
ORAL ABSTRACTS & POSTER SESSIONS
AND MORE



WOMEN'S HEART CHART

HeartScore®

Evidence-Based Prevention of Cardiovascular Disease

CVD PREVENTION



EUROPEAN GUIDELINES ON CVD PREVENTION
ESC Committee for Practice Guidelines
To improve the quality of clinical practice and patient care in Europe

Tools

The ESC has plenty of resources, among all the past and current activities, which can be developed at a national level. National health authorities could be interested in participating in their development, promotion or communication, if they were kept informed of such initiatives.

To learn more about CVD Prevention Guidelines, Score Risk Charts and HeartScore® consult www.escardio.org/EACPR.

EuroHeart

EuroHeart is a project led by the European Society of Cardiology and the European Heart Network, co-funded by the European Union. Some of its outcome can be very helpful in promoting heart health at national level, in particular:

- The publication resulting from the work package 6 on women and cardiovascular disease. The experts involved in this project agreed on a set of recommendations aimed at regulators and physicians involved in biomedical and clinical research to encourage them take into account women whenever possible within the data they collect and produce.

<http://www.escardio.org/about/what/advocacy/EuroHeart/Pages/Workpackage-n°6.aspx>

- The report entitled “Planning for a Healthier Europe” shows inequalities across Europe, not only in mortality rate but also in national prevention programmes. It contains a wealth of relevant data on existing prevention policies in particular on strategies to address risk factors, but also the correlation between such measures and the population health.

<http://www.escardio.org/about/what/advocacy/EuroHeart/Pages/Workpackage-5.aspx>

European Heart Health Charter

The Charter was developed by the European Society of Cardiology and the European Heart Network, with the support of the World Health Organization - European Region and the European Commission. The European Heart Health Charter establishes the characteristics of a heart healthy environment, encouraging a multi disciplinary approach to contribute to reduce the burden of CVD in Europe.

Following its European launch in 2007, it was adopted and signed by 30 countries in Europe.

www.heartcharter.eu

European Chronic Disease Alliance (ECDA)

The European Chronic Disease Alliance is an informal alliance whose mission is to reverse the alarming rise in chronic diseases by providing evidence-based policy recommendations. ECDA produced a policy document providing recommendations on actions to tackle the four identified common risk factors to the diseases represented in the Alliance, both at EU & national levels. ECDA is actively engaged in providing input into the reflection process in chronic diseases initiated by the EU member states.

The ESC is a founding member of ECDA.

www.alliancechronicdiseases.org

Alliance for Biomedical Research in Europe (Biomed Alliance)

The Biomed Alliance represents 21 health research organisations and around 250,000 biomedical researchers. Its objective is to advance and strengthen biomedical research in Europe, in particular translational research.

The ESC is a founding member of the BioMed Alliance.

www.biomedeurope.org

ESC Contacts



ESC
Contacts

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