



## EPHA Professional Development Course for EuroNet MRP Members: Summary of Learning

28<sup>th</sup>-29<sup>th</sup> September 2017, EPHA offices, Brussels

### Attendees:

18 Medical Residents in Public Health from 8 EuroNet MRP member countries.

### Objectives

By the end of the workshop, it was anticipated participants would be able to:

- Understand how the EU works in practice, from the perspective of a large public health umbrella NGO
- Better grasp the role of civil society in EU policymaking processes
- Gain knowledge about EPHA's campaign areas and discuss key challenges and opportunities
- Comprehend different advocacy approaches deployed by EPHA
- Discuss how to make best use of public health expertise and scientific evidence to engage with policymakers and shape "health-friendly" EU policies
- Engage with public health stakeholder at EU level

*Summary of learning compiled by Rachel Thomson, MRP (Scotland)*

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### Module 1: Steps and players involved in implementing a successful campaign (day 1)

#### Background (*Sascha Marschang, Director of Operations & Membership*)

The European Public Health Alliance (EPHA) is a civil society association with 92 non-profit member organisations in 21 European countries, including EuroNet MRP. Members include public health NGOs, patient groups, health professionals and disease groups. EPHA aims to coordinate these bodies to improve health and strengthen the voice of public health in Europe through advocacy.

EPHA are currently funded through an EU operating grant, membership fees and various short-term funding streams. Their day-to-day team includes policy and communications specialists, with work streams organised into specific single issue campaigns which each have a dedicated working group, and a network of specialist scientific advisors are available to be contacted for relevant advice where necessary. Current campaigns include antimicrobial resistance, digital health, food drink and agriculture, healthy economic policy, trade for health, and universal access to affordable medicines.

#### Key Advocacy Considerations (*Sascha Marschang, Director of Operations & Membership*)

- What are your objectives, and are they short or long term?
- Is an advocacy strategy required?
- If yes, do you have sufficient resources? (both human and financial)
- Is there enough evidence to support your policy goals/recommendations?

- What's your legitimacy based on? i.e. why should they listen to you
- Who is your target audience? Consider whether EU or national/international
- Do you have external partners, and if so what is their role?
- How can you capitalise on the experience of different member groups, especially health professionals and patients?
- How will you develop and disseminate your messages?
- What's your own personal "advocacy style"? How can you build on your strengths and hide your weaknesses?

### Learning Through Case Studies – examples of specific EPHA campaigns

#### Food, Drink & Agriculture (*Nikolai Pushkarev, EPHA Policy Coordinator*)

A multi-dimensional campaign that involves work on marketing of unhealthy food and drink, advocating access to healthy diets, and building sustainable food systems through the EU's Common Agricultural Policy (CAP). The CAP previously allocated payments/subsidies to producers according to their volume of production, but has now moved to "per hectare" payments e.g. based on how much land they have. This creates an opportunity for public health advocacy – for example, advocating specific legislation for certain crops, such as forfeiting your "per hectare" payment if you choose to grow tobacco in those fields. However, over and above the CAP there are a number of decisions around subsidies which are reserved for national governments – such as coupled voluntary support payments for owning specific types of animals, which vary markedly by country – and so national legislators and policymakers are also important stakeholders.

Main potential advocacy areas: Advocate for removal of health-harmful subsidies e.g. sugar/tobacco producers, vineyard productivity fund, animals producing red meat; Promote alternative uses for budgets e.g. create subsidies based on environmental performance or antibiotic reduction strategies; Advocate for agricultural policy to be defined more broadly as *food* and agriculture policy.

Given the breadth of this policy area there are good opportunities to work with other lobbying organisations who have different motivators but similar goals e.g. environmental NGOs. This means a strengthened voice, and also gives health advocates the opportunity to "lobby" these organisations to get them to carry their messages as well – for example, advocates of organic farming are now openly advocating the importance of sustainable diets. Particular challenges include the need to engage stakeholders at multiple levels including national/member state level, strong and often resistant voices within member state agricultural ministries and farming groups, and a lack of willingness to discuss the need to curb food production at an EU level (the topic still "shuts the conversation down" in Brussels).

#### Universal Access to Affordable Medicines (*Yannis Natsis, EPHA Policy Manager*)

A campaign where EPHA collaborates with civil society partner associations to challenge and change the innovation model for medicines and oppose commonly used industry practices such as evergreening of patents. Prior to 2014 EPHA was one of the few voices in Brussels openly questioning current pharmaceutical business models, but following controversy in December 2013 associated with the high price of Sovaldi (sofosbuvir, Gilead-produced hepatitis C treatment) the EU have become more vocal about this issue. Subsequent novel medicines have continued to be priced such that these drugs are unlikely to be sustainably priced going forwards, a relatively recent reality for Western Europe. Additionally the generic forms of biologicals (biosimilars), which are now beginning to come off patent, are only 20-30% cheaper than the named drugs, significantly more expensive than previous generics.

During the Dutch presidency in December 2015, the Council conclusions for the first time openly challenged the dogmas around pharmaceutical innovations, and also questioned the automatic classification of orphan drugs as innovative, the push for accelerated approvals and current intellectual property incentives. The role of EPHA is to encourage these challenges, provide evidence where possible through members and scientific advisors, and advocate for commitment to universal access.

Positive signs are that national health ministers now appear more empowered to challenge the system, and there may be movement towards harmonisation of health technology assessments (HTAs) across Europe to allow a “united front” of negotiation vis-à-vis the industry to try to get the best deal. However, potential issues with this approach include the significant differences in population size, budget, HTA processes and reimbursement frameworks between EU member states. Another area for advocacy includes the encouragement of EU-level and member state-level “horizon scanning” i.e. looking ahead, in conjunction with other countries, to see which drugs and technologies will be coming to the market within the next five years and prepare negotiation and pricing strategies.

### Learning Through Case Studies – examples of EPHA collaborations with partners

BEUC – Food Marketing to Children: Game Over? (*Emma Calvert, Food Policy Officer, BEUC*)

An innovative campaign by BEUC (European Consumer Organisation) aiming to highlight deficiencies in the current industry self-regulation approach to marketing of unhealthy foods to children taken at EU level. The campaign was timed to feed into discussions around the Audiovisual Media Services Directive, with the hope that recommendations would be followed to tighten regulations.

BEUC collated data on use of cartoon characters on packaging by asking team members to take photographs of all foods they encountered featuring cartoons, including licensed characters and brand mascots, and also investigated “advergames” where adverts for products are built into online games. They found that cartoon characters were almost universally featured on unhealthy products. They then uploaded the photographs to Flickr, wrote a position paper with their findings, and sent letters to the CEOs of implicated companies, the EU Commission, and any entertainment companies whose characters had been used. They subsequently had responses from several companies, some of which were positive and indicated a desire to improve, media coverage, and a response from the Health Commissioner.

HOPE, the Hospital and Healthcare Association (*Pascal Garel, Chief Executive, HOPE*)

An umbrella organisation with a structure that is similar to EPHA in that it has multiple member organisations, which include national hospital associations, national health services and ministries of health. Its members cover approximately 80% of hospital activity in the EU, as well as primary care activity in some countries. The core activity of HOPE is knowledge and exchange between members to improve practice, in the form of comparative studies, exchange programmes for those involved in hospital management, conferences etc. However they also see themselves as a voice of representation to ensure healthcare is not seen as just another “service” at EU level, and to influence decisions based on the views of their member groups following consultation. Areas in which they are currently working include out of pocket payments, unnecessary care, cross-border healthcare, medical tourism, expensive medicines, and migrant health.

## **Module 2: Communication with the European Union (day 2)**

How the EU Engages with Civil Society (*Zoltan Massay-Kosubek, EPHA Policy Manager*)

EPHA is a civil society organisation which exists outside of the political machinations of the wider EU institutions, however they must work around it in terms of timing and choice of campaigns. As there are no significant national elections in member states in 2018 it is theoretically a good time for advocacy, however it is very close to the start of campaigning for 2019 EU elections. Ongoing issues around Brexit add complications, as it may mean less overall budget for health when UK money is no longer available. There is always a need to try to capitalise on current political areas of “interest” for the EU e.g. refugee/migrant health and try to frame advocacy campaigns around this as they are more likely to be successful.

The three main institutions of the EU who could theoretically be lobbied to are the European Commission (the EU’s voice), the European Parliament (the citizens’ voice) and the Council of the European Union (member states’ voice). It is the Commission who initiate legislation and are effectively the civil service of the EU divided into directorates, with rotating officials every five years. The current Juncker Commission has ten stated priorities for its five year term, largely economic growth-focused and without explicit mention of health, which has made advocacy at this level more difficult. Additionally the current health and food safety directorate (DG SANTE) is seen as “weak”, with a relatively small budget and no clear mandate from President Juncker. However, EPHA still try to advocate to relevant directorates within the Commission on important health issues, given its relative importance in initiating laws. Once legislation is drafted by the Commission, it must be approved and/or amended by both the Parliament and the Council prior to acceptance.

The European Parliament is relatively easier to advocate to as MEPs must be accessible to constituents, and EPHA has designated “health-friendly” MEPs in all five of the main European factions within the parliament who they can advocate to. EPHA has made the active choice not to engage with the anti-Europe parties within the parliament, and as such do not approach or cultivate relationships with these MEPs, though they are aware that some other advocacy groups do. Advice must be fairly blunt due to ministerial time constraints e.g. if you support public health vote yes/no on this amendment. This is easier after building relationships of trust with MEPs, done through continued contact, support and meetings. It is extremely difficult to influence the Council, which represents the official positions of member states’ governments, therefore adding a layer of secrecy. Additionally the Council presidency rotates every six months, meaning advocates must get in touch with prospective president countries far in advance to try to promote issues, and even with this effort it can be effectively “random” what each presidency chooses to support e.g. one president chose to prioritise dementia care due to family experience of the disease.

In engaging these institutions and other agencies within Brussels, EPHA closely follows policy and political events, ensures to meet policymakers regularly to form relationships with key actors, works to raise the visibility and profile of the organisation, and aims to get across their viewpoints through provision of detailed expertise through reports and position papers. At all points, there needs to be careful consideration of the “division of competences” between the EU legislative bodies and EU member states i.e. who holds responsibility for certain areas, as this mandates who must be lobbied for different issues. Some competences are exclusive to the EU, such as trade and competition; some are shared, such as agriculture and environmental policy; and for some the EU plays only a supporting role, such as tourism and education.

#### Communications (*Giulia Vettore, Communications Manager*)

A communications plan should be seen as a realistic strategy, and is not the same as a policy plan. It should be a “living document” which adapts to your priorities, context and goal as these evolve.

What should be included in your plan:

- **Positioning** i.e. how you want others to perceive you, your ethos, your goal
- **Audience** i.e. who you are talking to, your main targets, potential game changers/multipliers
- **Objectives** i.e. what you want to achieve, your main priorities
- **Messages** i.e. how you explain your goals/reasons, main message, any sub-messages
- **Tools** i.e. how you get your message out, what is out there, online and offline tools
- **Action** i.e. what steps to take and when, timeline and key performance indicators, how to measure success

Specific points for social media: choose what makes sense for your audience, as not all audiences can be targeted on every social media or even via social media at all. It should be seen as a means rather than an end, a channel which can be used to amplify your existing message. Good personal use of social media does not necessarily guarantee success on professional platforms. Interaction is important, as well as careful consideration of how messages should be framed for each medium. An editorial calendar will be useful to ensure you map all your actions and KPIs for each type of activity, without unnecessary duplication of your message (unless this is the aim). Also, global trends are not global truths – you should be aware of them (i.e. that twitter use is declining and some users are migrating to other platforms) but your target audience may not in fact be affected.

### **Module 3: Working with EU institutions & mobilising the membership (day 2)**

#### Mobilising EPHA's Membership (*Sascha Marschang, Director of Operations & Membership*)

The main roles EPHA can play in relationships with members could be as a multiplier (where members “own” the issue and already have evidence and messages in place), a convener (where topics are multi-faceted and require several points of view, with input from both members and EPHA), a leader (where members have little experience of an issue which may have been introduced unexpectedly), or a sounding board/supporter (where a topic is complex and requires “translation” to build consensus).

Work with EPHA members can take many forms, for example members may make verbal or written contributions to issues EPHA is consulting on, may request help with projects, or ask questions which EPHA may be able to advise on. Common outputs of joint work include joint statements, open letters, or petitions with members. Occasionally where there are high level advocacy meetings EPHA may attend jointly with members, particularly where a breadth of expertise may be required over a short space of time and their respective strengths can be combined. EPHA also offers speaking opportunities for members through their annual conference, as well as assistance via their scientific advisors where this is required.

#### The Importance of Scientific Evidence for Advocacy

##### *Role of EPHA Scientific Advisor (Eleanor Brooks, Scientific Advisor, Economics & Health Governance)*

EPHA have eight scientific advisors who are not based “in house”, but who are available as a resource to enable EPHA's work to have a strong evidence-based focus. They tend to be academics, frequently from the UK, and are currently focused on antimicrobial resistance, alcohol policy, tobacco policy, nutrition policy, trade, economics and health governance, and digital health.

Scientific advisors are available as a “second line of defence” i.e. they often read, review and feedback on EPHA outputs once they have been generated by the policy team, and they also speak at events and conferences organised by EPHA. While they aim to provide thorough, inclusive and

critical reviews of the evidence available from professional and academic sources where possible, this is clearly not always possible in all topic areas. The scientific advisors also appreciate that while they must maintain a degree of balance in their presentation of findings, EPHA in advocating often have to present points politically in order to be effective health advocates.

As a separate point, it was discussed that due to the move towards an “impact agenda”, academics working at UK universities now have to take account of the impact of their research outwith academia on the economy, wider society, culture, public policy etc. As a result, there is an ideal opportunity for public health advocates including MRPHs to reach out to academics whose work overlaps with theirs to foster relationships, discuss areas of joint interest and potentially guide future work for either party.

#### Role of EUPHA (*Maaïke Droogers, EUPHA*)

The European Public Health Association (EUPHA) is an international, multidisciplinary, scientific organisation bringing together public health experts and professionals with the aim of knowledge exchange and collaboration across Europe, rather than explicit public health advocacy. Despite this, the production of new evidence and dissemination of existing evidence clearly contributes to public health advocacy at a European level.

EUPHA fulfils its stated objective of being a leading voice in public health through production of reports/position papers, newsletters, project proposals, and their annual conference, which involves around 1800 participants. They also offer support for students and early career public health professionals through their EUPHANxt program.