

Health Observatory in Europe

LET'S TALK ABOUT EUROPE

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Offers EU experts' opinions on health or other social policy issues at European level. Health Observatory in Europe: observatoriosaludeuropa.easp@juntadeandalucia.es
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Paul de Raeve **European Federation of Nurses Association**

General Secretary of the European Federation of Nurses Associations (EFN) and responsible for the lobby's activities towards the European institutions.

"I believe we need to put a human face to policy making"

OSE: What is the European Federation of Nurses Associations (EFN)?

Paul de Raeve (PR): The European Federation of Nurses Associations (EFN) was established in 1971 based on the nursing-education and free-movement Directives being drafted by the European Commission at that time. It's the independent voice of the nursing profession and the effects of our lobbying activities are felt by more than six million nurses at European level.

EFN members are drawn from the National Nurses Associations of all the EU Member States, the Council of Europe and European Specialist-Nursing Organisations, with the addition of the World Health

Organisation, the International Council of Nurses and the European Nursing Students holding an observer status.

OSE: What are the objectives of your organisation? Which are the EFN's funding sources?

PR: Our mission is to strengthen the status and practice of the nursing profession and to represent its interests not only in the European Union but in Europe as a whole. The global objectives of our organization are:

- To ensure that nursing professionals and nursing itself are central to the development of socio-sanitary policies and their implementation in the EU and in Europe.

- To support and facilitate the quality and equity of health services in the EU and Europe through the development of sufficient, effective, competent and motivated nursing professionals.
- To strengthen EFN representation in the EU and Europe and to develop its key role of mediator between national associations and the decision-making bodies in the EU institutions.

The EFN is only financed by member subscription. Through the EU project on Patient Safety and EFN advisory role in four other projects, some administrative costs are covered but we receive no financial assistance from the industry!

OSE: Which are the priority areas in which the EFN is lobbying the EU institutions?

PR: It is important for the members of the EFN to clearly establish priorities with the aim of guaranteeing the efficiency and effectiveness of our activities. With this in mind, three committees were formed, made up of federation members, who are responsible for issuing recommendations to the organisation's General Assembly. These are:

- The Professional Committee, whose work is centred on aspects related to education. This committee's work includes

EU Education Standards, the Bologna Process, Continuous Professional Development, the use of Structural Funds and Social Cohesion, and Patient Information.

- The Workforce Committee, whose work looks at the planning of aspects related to exercising the profession, such as recruitment and the mobility of professionals, accidents at work and sanitary mechanisms.
- The Public Policy Committee, whose work is orientated towards the Health Services (Health Service Directive proposed by DG SANCO) and patient safety (Recommendations by the Council for Patient Safety and hospital infections).

The main institutions which the EFN influences through lobbying activities are the European Commission (DG SANCO, DG Research, DG Internal Market, DG Education and DG Employment, Social Issues and Equal Opportunities), the European Parliament, the Council of Europe in Strasbourg and the European Regional Office of the WHO.

“Our lobbying initiatives are of a proactive nature. Through them we intend to create the appropriate framework for policy development which takes into account the needs of front-line workers”

OSE: Which policy outcomes do you expect of your lobby actions?

PR: Our lobbying initiatives are of a proactive nature. Through them we intend to create the appropriate framework for policy development which takes into account the needs of

front-line workers. In this sense, our objective is to create synergies between the European Commission, the WHO and the Council of Europe and to build alliances within civil society. Synergies are essential in preventing policies ending up on bookshelves.

OSE: What is the impact of the EFN's activities on the EU health policy agenda? Could you give an example of your actions and its success?

PR: On the one hand, the setting out of priorities in EC policy and non-policy initiatives. On the other, the reports of the EFN submitted to the European Parliament (EP).

In Directive 36, for example, we have managed to safeguard our sectorial directive and to implement a consulting mechanism for its elaboration.

“Our objective is to create synergies between the European Commission, the WHO and the Council of Europe and to build alliances within civil society”

In relation to the mobility of health professionals, we have also proportioned evidence on the consequences of the “aggressive recruitment” of nursing professionals. Our activity has also influenced the

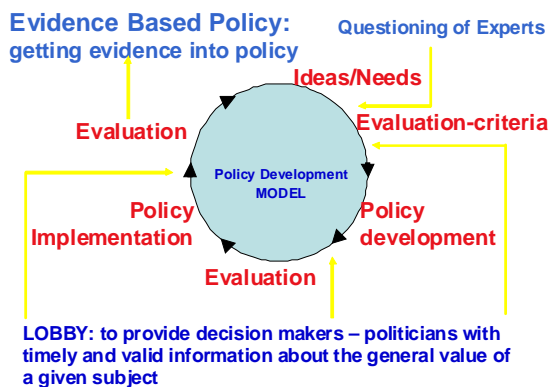
Directive on Biological Agents concerning serious injuries. Furthermore, we have given greater relevance to the important role of health professionals in patient information. Regarding the Services Directive, our achievement lies in the

fact that the health services remain excluded from its field of application and we have contributed to the creation of a more appropriate arena for the elaboration of the Directive on Health Services. Finally, we have supported various soft legislative initiatives of the DG SANCO in the fields of patient safety, the mobility of professionals and the quality of health care.

OSE: The EFN is recognised by the EU institutions as official stakeholder in the EU policy development. Could you describe the process of lobbying the EU institutions?

PR: It's a proactive process. The first step consists of proportioning the EC and the EP with the available evidence to enable actions to be initiated in the specific fields related to nursing care. This step includes the participation in public hearings and specific sessions of both institutions. If the commission decides to move on to action, we then participate in the processes of public consultation contributing to the Green Paper. Furthermore, the EFN responds to consultations made by the institutions on specific issues; both federation members and associated members are consulted before responding to the Commission's proposals. Finally, we take part in the corrections of the EP's first reading of the Commission's proposal and supply information to the committees of the EP.

The following diagram outlines the lobbying process.



OSE: Lobby action can be considered as a way of social participation but it is also a highly controversial activity due to questionable legitimacy of some political or economical interests. In your opinion, what can be considered unethical practices?

PR: The EFN always consults its members, who consist of over 2 million nursing professionals. The members also carry out internal investigations and contribute directly on specific issues; moreover they contact the European parliamentarians of their respective Member States.

“It is necessary to clarify the mandate which the lobbyist receives from their relevant organization and the issues related to their representation”

OSE: What is your opinion about the EC communication on “European Transparency Initiative”(2006) in which the need for a more structured framework for the activities of interest representatives (lobbyists) was considered?

PR: The EFN agrees with this initiative and has no problem whatsoever of

becoming active supporters. It is necessary to clarify the mandate which the lobbyist receives from their relevant organization and the issues related to their representation. It is also very important to know how many Member States are represented by the pan-European organisation.

OSE: Which is the role of civil society in the EU policy-making process?

PR: The role is an essential but not a very well-developed one. The Member States still face problems when including civil society into their national delegations. The Council of Europe is the only institution with a stronghold of 400 NGO’s. The Commission, the European Parliament and the WHO are still fighting to get NGO’s involved collectively. Good governance means implementing a stakeholder approach at all levels. This will lead to bottom-up policy development and implementation. Still today, too many recommendations, guidelines and Charters are developed in obscure ways, not involving civil society in a collective way.

The declaration of the EFN is: “The national governments and/or European Institutions will be both reagent and incapable of fulfilling their obligations concerning public health and patient safety, while health services and the policy framework get further away from the reality of professionals.”

OSE: Which are the appropriate channels and strategies to influence EU institutions?

PR: They are based on key principles of good governance, in other words, transparency, participation, responsibility, coherence and effectiveness. A successful approximation should be made from a realistic and effective approach to planning and policy development, its implementation and measuring the results.

OSE: What are the keys for a successful lobby practice?

PR: To formulate policy from a bottom-up perspective, and this is only possible when civil society is involved from the outset. In this way, the more information and experiences are considered, the easier it'll be to implement realistic policies and plans. It is about showing less opposition and offering greater political support to ensure that new initiatives can be incorporated into the legitimate development of policies. On the other hand, local skills need to be reinforced

along with the reduction of political interference.

OSE: Which are the main opportunities and challenges for strengthening the social dimension of EU policy?

PR: I would mark the following as opportunities: posing questions about health in a proactive manner, staying very close to clinical practice and the commitment of professionals on the ground, and building alliances and confidence between the social agents involved. As for threats, I believe we need to put a human face to policy making, through qualitative research for example, and get all stakeholders involved in the policy.



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The transmission of information on EU health policies and programmes to the Andalusian Public Health System (SSPA) and other public health professionals is a foremost objective at the Health Observatory in Europe (OSE). The nature, quantity and immediacy of EU information create a complex scenario for information management. The challenge is to build an update a system of information gathering, analysis and management that enables the selection of information and its distribution to decision makers of the SSPA.

Since 2002, the OSE develops strategies and activities that allow:

- To have a collection, analysis and management information system about public health issues at EU level.
- To encourage the SSPA participation on European projects, as a way to exchange knowledge between partners as well as a way to increase the visibility of the institutions (EASP, SSPA).
- To increase the SSPA capacity to influence Community policies through networking reinforcement, increasing participation at European forums and European decision making process.

The OSE develops instruments for the dissemination of information to target population. Assembly products based on product identity and characteristics, timeframe and public. Some of these products are:



Monthly bulletin
75 bulletins edited



Let's talk about Europe
6 interviews edited



Quarterly Strategic Reports
17 Reports edited