

A New Political Cycle for the Health of European Citizens:

A possible way forward for influencing, facilitating, and prioritising health policy at European Union level

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Best,

Nina Bos

Executive Summary

Introduction

The European Parliament (EP) elections gave way for a new political cycle for the European Union (EU), and in turn for public health: an area 70% of the European citizens want the EU to do more on. This research report provides a comprehensive explorative overview of the state of political health plans at EU level and presents recommendations on how to contribute to EU health policy agenda setting. It offers insight in what has been said on paper about the topic, how the involved actors experience it, the relevant lessons from the literature for practice, and the state of political health plans at EU level. This research takes all these lessons and looks for a possible way forward for influencing, facilitating, and prioritising health policy at European Union level.

Methodology

A literature search was undertaken to 1) gain insight in which sectors the EU can establish policy impacting public health, 2) map actors that play a role in public health policy, and 3) find building blocks for a receptive environment. Furthermore, eleven EU political parties' manifestos were thoroughly screened. In addition, four interviews were held with non-governmental organisations (NGOs) and two interviews were held with Members of the European Parliament (MEPs) of two different parties.

Results

Eight sectors were identified in which the EU has (shared) legislative power and can positively impact public health. How these policies are packaged depends on who places their beliefs on the EU agenda. There are actors in the front-and backstage of the EU political arena. In the frontstage the EU institutions play a role, and in the backstage interest groups such as NGOs and experts play a role. The literature suggests that the building blocks broad and long-term coalitions between different actors, and effective translation of expert knowledge are beneficial in order to create a receptive environment and for influencing policy. In the election manifestos health is (in)directly touched upon, but not prioritised. They look beyond the medical sector, but whether plans are meant to be linked to public health improvements is not always clear. MEPs are keen to prioritise health more at EU level, but respect the EU's health competencies.

Conclusion

There is need for change in the ways of influencing, facilitating, and prioritising health policy at EU level as the political dynamics for health are changing. Health is not prioritised by the political parties, and populist votes are rising, which could be detrimental to public health. Health is recognized by political parties as relevant in non-medical sectors, which offers positive perspectives for the future, as many other EU sectors' policy can impact public health. A possible way forward that this research provides lies with creating a receptive environment, not necessarily *between* the front-and the backstage, as it is not a linear process, but *among* the front- and backstage actors. The agenda-setting of health can be boosted by organising actors in such a way that they create receptive environments amongst each other

Keywords

European elections; European political parties; health policy; actors; receptive environment

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Abbreviation List

ACF	Advocacy Coalition Framework
AP4HE	All Policies for a Healthy Europe
CAP	Common Agricultural Policy
DTCA-PD	Direct to Consumer Advertising Prescription Drugs
EC	European Commission
EJC	European Court of Justice
ENVI	Environment, Public Health and Food Safety Committee
EP	European Parliament
EPF	European Patients' Forum
EPHA	European Public Health Alliance
ESF+	European Social Fund Plus
EU	European Union
EUPHA	European Public Health Association
HiAP	Health in All Policies
MEPs	Members of the European Parliament
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organisations
OECD	Organisation of Economic Co-operation Development
OMC	Open Method of Coordination
SDGs	Sustainable Development Goals
WHO	World Health Organisation

EU Political Party Abbreviations

PEL	Party of the European Left
EFA	The European Free Alliance
EGP	European Green Party
PPEU	Pirate Party
PES	Party of European Socialists
EDP	European Democratic Party
ALDE	Alliance of Liberals and Democrats of Europe
EPP	European People's Party
ECPM	European Christian Political Movement
ACRE	Alliance of Conservatives and Reformists in Europe
EFDD	Europe of Freedom and Direct Democracy
MENF	Movement for a Europe of Nations and Freedom
VOLT	x
Diem25	x

1. Introduction

Between the 23rd and 26th of May 2019, the European elections took place. The European Parliament (EP) is elected by voters across the European region, for a five-year term (see Appendix 1 for a list of the European Union (EU) political parties), and the EP thus represents the European citizens. Among all the different powerful determinants of health, for example the social, environmental, economic, cultural and so on (Bambra, Fox & Scott-Samuel, 2005), the *political determinants* of health are just as undeniably important to ensure the health of populations (Mackenbach 2014; De Leeuw, Clavier & Breton, 2014; Bekker, Greer, Azzopardi-Muscat & McKee, 2018).

However, even though politics is acknowledged to be a determinant of health, and that the topic of health needs to enter the political arena, it is not yet mainstreamed in debates (Bambra et al., 2005; WHO, 2010). Ståhl (2009) found that health is barely mentioned in the context of monitoring and evaluation, policy options and comparing options and objectives, giving the impression “that health is not thought of as an important factor or objective when discussing alternative policy choices” (p. 180). In line with this, Koivusalo (2010) finds that the Health in All Policies (HiAP) approach remains a challenge. Lastly, the empirical evidence on the impact of politics on public health is scarce (Mackenbach, 2014; WHO, 2010).

Other than health not being mainstreamed in debates, Europe evidently still has health gains to make. Especially because of the challenges the 21st century is facing due to changing demographics, digital health, shifting public opinions, climate change, and so on, which will put a strain on public health. According to the Organization of Economic Co-operation and Development (OECD, 2018) there are gains to make in, for example, prevention, universal access to care, and non-communicable diseases (NCDs) such as mental health. In addition, life expectancy is stagnating or going into reverse (Jasilionis, 2018), infectious diseases such as measles, once presumed under control, are resurgent (Plans-Rubió, 2017), and often health gains are not evenly distributed across the population (Marmot, Allen, Bell, Bloomer & Goldblatt, 2012).

The deteriorating health and the still to be achieved health gains are reflected in the public's opinion: according to the Eurobarometer, 70% of the Europeans want the EU to do more for health (European Parliament, 2017). For the 2021-2027 period the EU Health Programme became part of the European Social Fund Plus (ESF+), with 0,036%¹ of the total EU budget appointed to health (€413 million), aiming to achieve, among other things, crisis-preparedness and investing in health promotion and health prevention (European Commission, 2018a). Other sectors where the EU has similar competencies as with health got more budget appointed, e.g. European Culture got 0,163%² of the total EU budget. This emphasizes the low budget the EU appointed to health. Also compared to the EU budget for donor aid, of which health is a central part, to developing countries outside Europe receive a higher budget (Greer et al., 2014). In the EU research and innovation cluster (called Horizon Europe for the period 2021-2027), public health is not prioritized, it only takes a medical lens (European Commission, 2018b).

Another important aspect to take note of within the realm of the EU is the rise of populist parties in Europe which threaten the health in Europe (Treib, 2014; Brack & Startin, 2015). Healthcare, for example, can greatly benefit from international cooperation due to free flow of people,

¹ $\frac{\text{Total EU budget}}{\text{EU budget for the health strand in ESF+}} * 100$

² $\frac{\text{Total EU budget}}{\text{EU budget for European culture}} * 100$

capital and information. Populism restricts this international cooperation and affects European citizen's health (Speed & Mannion, 2017).

All of the above seems to imply that health is not prioritized at EU level, even though the evidence illustrates the need for prioritising public health. Within the political arena various actors try to influence agenda setting, also in favour of public health. The way that policies are formulated and packaged, in all political systems, influence the eventual outcomes. For that reason the agenda dynamics are very politically charged and competitive; who successfully places their belief or issue on the agenda and gets support for that can influence policy outputs, even when formally they don't hold decision power (Princen & Rhinard, 2006).

The upcoming EU elections are a beginning of a new political cycle which is interesting to analyse to create an understanding of what can be done, how with whom and when, to put health on the agenda of policy makers. This research provides a comprehensive explorative overview of the state of political health plans at EU level and presents recommendations on how to contribute to EU health policy agenda setting. The main research question is as follows:

'In light of the 2019 European elections, what is a possible way forward for influencing, facilitating, and prioritising health policy at European Union level?'

The main research question will be answered by means of answering the following four sub-questions:

1. In which policy sectors of the European Union is capacity to create policy that is (in)directly related to public health?
2. Which actors play a role in influencing European Union health policy?
3. What are building blocks for actors in the political arena to create a receptive environment for influencing agenda-setting?
4. What are the current plans of the European Union political parties with regard to health for the upcoming five-year period?

The first sub question will sketch light upon policy sectors the EU has (shared) legislative power, and whether these sectors are direct or indirectly related to health, with a look on past and future public health achievements. The second sub question will create a better understanding of the political arena and the actors that play a role in influencing EU health policy. The third sub question elucidates how these actors could possibly create a receptive environment for prioritising public health at EU level. The last sub-question will analyse what the European political parties are planning with regard to health for the upcoming five years and to gain insight in the extent to which they are prioritising health.

The European Union

The EU is not a concept or a theory, but it is important for this report to understand the basic make-up of policy making in the EU. Therefore, in Appendix 2, a short description of the EU and its relevant bodies is provided.

2. Theoretical Framework

2.1 Rainbow Model

The Rainbow Model of Dahlgren and Whitehead (1991) (see Figure 1) is applied as a theoretical base to understand the coherence between health and other policy sectors. This model visualises the different factors and layers that contribute to one's health (from micro to macro level). This model serves as a guide for the sub-questions, in particular for the first and last sub-question in which the link between policy and health is elucidated on. Especially the green determinants, which are beyond the medical sector, signify why non-medical policies are important to health. Examples of how green determinants are connected to health outcomes are work stress which plays an important role in sickness absence and mental health, unemployment which increases illness and premature death, and the food sector which is linked to e.g. cardiovascular diseases (Wilkinson & Marmot, 2003).



Figure 1. Rainbow Model (Dahlgren & Whitehead, 1991)

2.1 Advocacy Coalition Framework

The second theoretical framework deployed for this report is the Advocacy Coalition Framework (ACF, see Figure 2). This framework is adopted as a guide to wire together the sub-questions and comes in particularly valuable for the second and third sub question to gain more insight in the interactions between the actors in the political arena of the EU. As this research is not a case study of a certain health policy formulation, it acts as a general guide rather than an applied framework. The ACF is an ambitious framework that comes closest to a general theory of policy making (Cairney, 2015) and therefor comes in useful to understand and provide recommendations on health policy making in the nearby future; the new five-year mandate of the EU. In short, this framework describes the wider political system and has an actor-based approach focusing on advocacy coalitions of actors that share a same set of beliefs. The belief systems of the advocacy coalitions or policy actors are influenced by external events outside of the system (Villamor, 2006). Coalitions operating in this wider political system (in this case the EU) interact and compete to have their belief dominate the policy subsystems (and translated to policy) (Cairney, 2015; Sabatier, 1988). There are three belief types. First the *Deep Core Beliefs* which regard the actor's underlying philosophy. Second, *Policy Core Beliefs*, which regard the fundamental policy positions. And third, *Secondary Aspects*, which relate to the funding, delivery, and the implementation of policy goals. The first type of belief is the most difficult to alter, as Sabatier says it is "akin to religious conversion" (1988, p.145), but at the same time core belief is the type of belief that spans the policy areas, indicating the power of core beliefs (Cairney, 2015). The three belief types play a role in the place public health gets within the EU political arena and are therefore important to consider when finding ways to influence, facilitate, and prioritise public health.

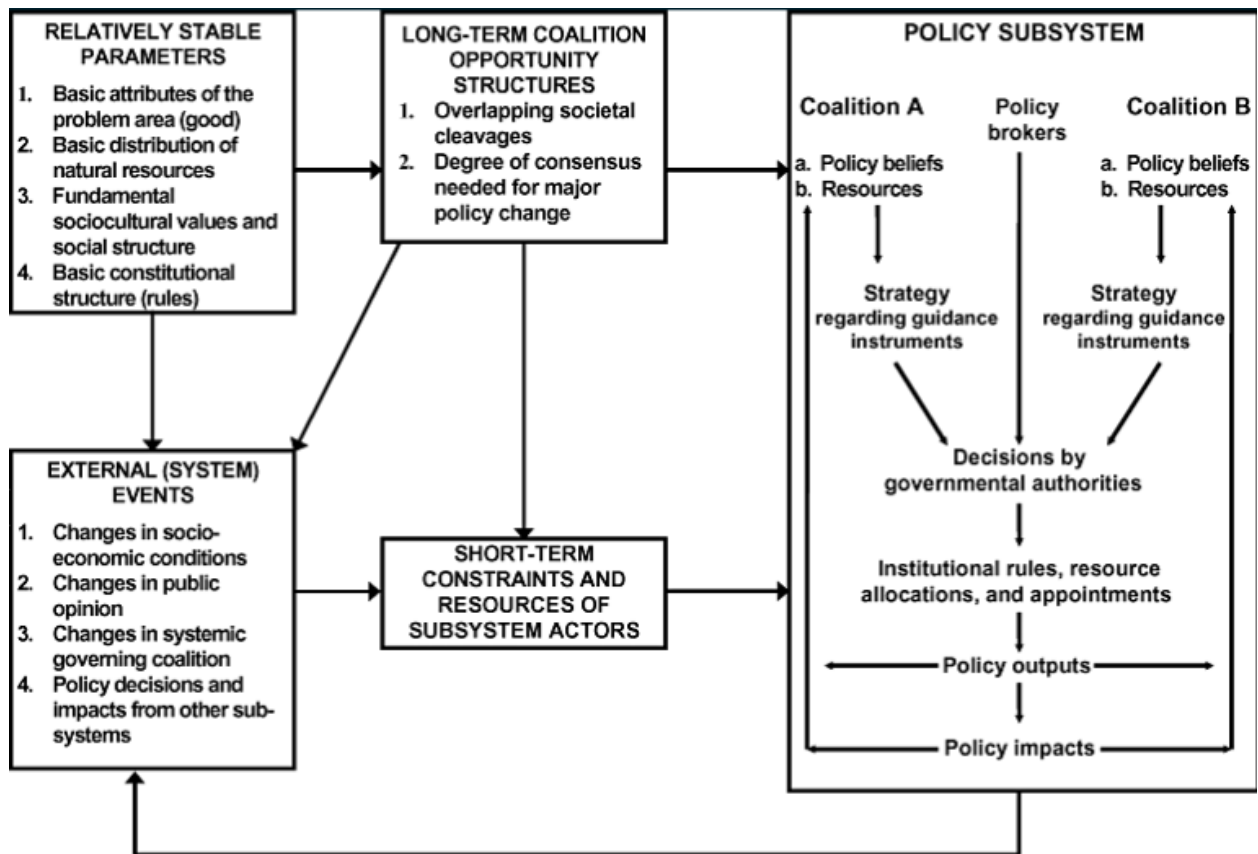


Figure 2. Advocacy Coalition Framework (ACF) (Sabatier, 1988)

3. Methodology

3.1 Sub question 1,2 & 3: Literature - EU policy sectors impacting health outcomes in European citizens, mapping actors, and the receptive environment

1. In which policy sectors of the European Union is capacity to establish policy that is (in)directly related to health?

2. Which actors play a role in influencing European Union health policy?

3. What are building blocks for actors in the political arena to create a receptive environment for influencing agenda-setting?

To answer these sub question a (grey) literature search was carried out, using snowballing, pearl-growing, and citation screening as a search method. Google Scholar, Web of Science, and Google were used as search machines.

The first question acquired knowledge in what areas the European Union is able to establish health policy, and other sectors' policy that impacts health (in)directly in which the EU has (shared) legislative power. The second sub question aimed to map the different main actors that are important in the political arena for influencing health policy. Sub question three looked into how these actors can create a receptive environment amongst each other in which health policy is communicated and prioritised for agenda-setting at EU level. A receptive environment can be understood as an environment in which someone is "receptive to new ideas or suggestions and is prepared to consider them or accept them" (Collings Dictionary, 2019). In Table 1 the inclusion- and exclusion criteria and examples of search terms can be found.

Table 1. Inclusion- and exclusion criteria and examples of search terms sub question 2, 3, 4

	Inclusion criteria	Exclusion criteria	Examples (combined) search terms
Sub question 1 (EU policies)	<ul style="list-style-type: none"> • EU (shared) legislative power • European Union, European Commission, European Parliament • (non-) Academic literature 	<ul style="list-style-type: none"> • Outside European Union • National policy 	<ul style="list-style-type: none"> • *sector* (e.g. agriculture) • Health impact • Health determinants • European Union • Competences • Legislation/policy • Health in all policies • Health achievements • EU level
Sub question 2 (mapping actors)	<ul style="list-style-type: none"> • Formal power (EU bodies) • Informal power (e.g. NGOs) • Non-health policy • (non-) Academic literature 	<ul style="list-style-type: none"> • National policy 	<ul style="list-style-type: none"> • Actors • Stakeholders • Experts • Influence • EU policy • European Union, European Parliament, • Member States • NGOs • Advocacy

Sub question 3 (receptive environment)	<ul style="list-style-type: none"> • ACF applied at both national (also outside EU) and EU level • ACF applied at health and other sector policy • Academic literature 	<ul style="list-style-type: none"> • Non-academic literature 	<ul style="list-style-type: none"> • Advocacy Coalition Framework • Coalition • Advocacy • Agenda-setting • Beliefs • External events • Receptive environment
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3.2 Sub question 1,2 & 3: Semi-structured interviews

In addition to the literature search, interviews were held in April and March with non-governmental organisations (NGOs). The NGOs are all directly affiliated with (public) health and policy, with European Patients' Forum (EPF) more specific on patients. The respondents were selected through existing contacts the European Public Health Association (EUPHA) has. The respondents were invited via e-mail (see Appendix 3 for the e-mail invitation). In total four persons were invited of which all four agreed to do an interview (see Table 2).

Table 2. Characteristics NGO respondents interview

Name	NGO	Interview location
Natasha Azzopardi-Muscat (president EUPHA)	European Public Health Association (EUPHA)	Skype
Martin McKee (past-president EUPHA)	European Public Health Association (EUPHA)	Skype
Zoltán Massay-Kosubek (Policy Manager Health Policy)	European Public Health Alliance (EPHA)	Skype
Kaisa Immonen (Director of Policy)	European Patients' Forum (EPF)	Skype

The respondents were asked to read and sign the consent form (see Appendix 4). The interviews were recorded and transcribed after which the recordings were deleted. The respondents were interviewed by the author of this report (23-year-old Dutch female). During the semi-structured interviews the respondents were asked about the role of advocacy groups in EU context, the upcoming elections, and the role of scientific/expert knowledge. New questions were added or deleted when thought of relevant or no longer relevant. Questions were skipped when already answered via other questions or due to time constraints. In Appendix 5 a full interview guide can be found. The interviews lasted about 30 minutes.

Quoted answers will be used throughout the results section, woven into and applied when fitting and giving additional or confirming firsthand information.

3.3 Sub question 4: Manifesto screening

4. What are the current plans of the European Union political parties with regard to health for the upcoming five-year period?

The results of this sub question provided the basis for a statement that was published by the European Public Health Association (EUPHA), which can be found in Appendix 6.

The method for this last sub question is based on multiple election manifesto screenings that have been carried out before for (national) elections. For example, the screenings carried out by van Alphen (2002), Stichting Public Health Forum (2003), van Alphen and van Zoest (2006), chose policy areas that might have one or more effects on health determinants. Many former screenings make use of tables to visualize what parties focus on in their manifestos, which is a structural way to present results. A more recent screening from Croatia made use of the Walt-Gilson policy analysis model, which looks at four dimensions (content, actors, processes and context) (Handanagic et al., 2016). The European Public Health Alliance (EPHA) carried out an initial written analysis of the political parties, both for the 2014 elections and the 2019 elections (EPHA, 2014; EPHA, 2019). Lastly, the EPF screened some European parties in for the 2014 European elections by looking at the frequency of the word 'health' (or words including health, e.g. healthcare), as a method to see whether political parties prioritised health.

The health policy areas that were searched for in this report in the manifestos are based on a combination of the EU health competencies, the ESF+ program, other EU sources, the OECD *Health at Glance: Europe 2018* (2018), and the green determinants in the Rainbow Model by Dahlgren and Whitehead (1991). These sources represent the viable health areas the EU can act upon and are (scientifically) proven to have an influence on public health. If there were any other obvious health related topics in the manifesto these were also taken into account as "other topics". The health themes were placed in a table with their according subthemes. The political groups and parties were placed from left wing to right wing, as this made visible if there is a notable difference between left-and right-wing parties, with two new parties (Volt and Diem25) not placed in this spectrum. There will be an additional description of what the parties describe in their manifestos with regard to health which can be found in Appendix 7. As most of the manifestos of the European parties are not that comprehensive, a model such as the Walt-Gilson policy analysis was not applied. Nonetheless, to understand whether the parties only mention a topic and/or formulate a goal and/or what action needs to be undertaken the following legend was used to fill out the table:

M = mentioned topic
G = goals formulated
A = action formulated

If certain topics were mentioned in the election manifestos, but it was unclear to what extent this was linked to public health it was indicated in the table with '*'. Inspired by with what the EPF did previously, this screening included a control+F search on the frequency of the word 'health' (or words including health such as healthcare) in the different manifestos.

In total eleven manifestos were screened, and the screening was carried out by two persons to increase the confidence of the results of the screening. Three right wing political parties did not have an available election manifesto and were therefor not included in the screening and this

research. These parties will however remain visible in the screening table, to have a better understanding view of the positioning of the parties.

3.4 Sub question 4: Semi-structured interviews

In addition to the manifesto screening Members of the European Parliament (MEPs) were interviewed. In the beginning of March a total of eleven MEPs were approached and invited via e-mail to participate in an interview (see Appendix 3 for the invitation). The invited MEPs were selected when affiliated with health, for example by being a member of the European Parliament Environment, Public Health and Food Safety (ENVI) Committee, or health initiatives such as All Policies for a Healthy Europe (AP4HE). In addition, they were selected on the type of European political party/parliamentary group they were a member of, to ensure a left wing to right wing balance. The included parties or groups were: European United Left-Nordic Green Left, European Green Party, Progressive Alliance of Socialists and Democrats group, Alliance of Liberals and Democrats for Europe, European People's Party, Europe of Freedom and Direct Democracy Group, European of Nations and Freedom group. In total (after sending a reminder) five MEPs (or their assistant) replied, of which two MEPs agreed to participate in an interview (see Table 3). Reasons to not participate were a language barrier, health issues and a full agenda due to the upcoming elections.

Table 3. Characteristics MEP respondents interview

Name	Party	Method of interview
Francis Zammit Dimech	European People's Party (EPP)	Face-to-face (European Parliament, Brussels)
Anonymous	Alliance of Liberals and Democrats for Europe (ALDE)	By telephone

The respondents were asked to read and sign the consent form (see Appendix 4). The interviews were recorded and transcribed, after which the recordings were deleted. The respondents were interviewed by the author of this report (23-year-old Dutch female). During the semi-structured interviews the respondents were asked about public health in general, the party's goals and actions with regard to health, past health achievements, and advocacy. Questions were skipped when already answered via other questions or due to time constraints. In Appendix 5 a full interview guide can be found. The interviews lasted about 30 minutes.

Quoted answers will be used throughout the result section, woven into and applied when fitting and giving additional or conforming firsthand information.

In addition to the interviews, the author of this document went to the All Policies for a Healthy Europe manifesto launch on the 20th of March 2019 at the European Parliament in Brussels, where MEPs from ALDE, EGP, and EPP spoke. There are no recorded quotes but the overall messages and information were also taken into consideration for this sub-question.

4. Results

4.1. Sub question 1 literature and interview results: EU sectors that impact public health

'In which policy sectors of the European Union is capacity to create policy that is (in)directly related to public health?'

European Union and health competencies

In 1992 the European Commission (EC) signed the Treaty of Maastricht, anchoring in article 129 that the EU will contribute towards a high level of health protection and health needs to be part of other policies:

"The Community shall contribute towards ensuring a high level of human health protection by encouraging cooperation between the Member States and, if necessary, lending support to their action." (Treaty on European Union 1992, p.49).

This treaty brought some significant changes in the EU's attitude towards health because it made its authority in health protection clear, gave a framework for action (with a focus on public health and prevention of disease), and it legally bound the EU to check all the policies on possible negative health effects or the undermining of public health. Together with other treaties (Treaty of Amsterdam 1997 and the Treaty of Rome 1957) there can be EU activities in the field of public health, and health protection is a requirement in EU policies. The EU only has certain competencies to exert actual power over a health objective, which can be either directly or indirectly linked to health. Sometimes there are shared competencies with the Member States, in which the EU mainly has a supporting or coordinating role. It is the treaties that provide authority for the EU (Greer et al., 2014). See appendix 8 for EU's competencies in health. The EU has no mandate on the core of national health care states. There are however a few exceptions; cross-border social security rules, the protection of health as Community objective, and the EU Charter of Fundamental Rights states everyone has the right to enter preventative healthcare and benefit from medical treatment (Lamping & Steffen, 2009).

European Union and health in other sectors

The EU activities related to health are not limited to public health, but are also found in areas such as research, education, agriculture and so on (Cucic, 2000). Policy sectors that are not normally considered a part of health services do alter the social determinants of health, for worse or for better health outcomes. Below policy sectors are identified and described that impact health and in which the EU has (shared) legislative power, in contrast to the only supporting and coordinating role it has for health (European Commission, n.d. A).

Customs and internal market

The EU customs policy allows free travel within Europe and helps businesses across the EU's internal market. It protects consumers from dangerous health hazards from e.g. imported goods (European Commission, n.d., B). The Internal Market is much related to health, because something that came into a health service came via a market, basically creating competencies according to Greer (2006). The European Court of Justice (ECJ) once decided that health care systems are like any other economic activity, and are thus subject to the internal market

legislation. It impacts the labor (e.g. working hours of health staff), professionals (e.g. recognition of medical degrees), patients (e.g. patient movement), and purchasing (e.g. goods and services) (Greer, 2006). Another example is EU tobacco policy. The World Health Organisation (WHO) Framework Convention on Tobacco Control which was signed by the European community, made changes in e.g. the packaging and labelling, and advertising of tobacco products (WHO, n.d. A). These findings indicate there lies competence in these sectors that impact public health.

Trade

The EU is responsible for trade and investment policies with non-EU countries, they make the laws on trade matter, and negotiate international trade agreements (Eur-lex, n.d. A). According to the WHO (2015), historically trade and health were separate policy sectors, but nowadays it has become more fluid as there is an increase in trade services. Trade can affect health in a number of ways, such as the spread of diseases, migration of health professionals, and the health sector can be affected through trade liberalization. Also advances in technology that made innovations such as e-commerce and web-based medicine possible.

Employment and social affairs

As the Dahlgren and Whitehead's Rainbow Model indicates, employment and health are linked. The EU is able to complement national policies and implement EU law that promotes rights at work, social security and so on. In resonance with the Dahlgren and Whitehead's Rainbow Model unemployment and working conditions are a determinant for health. Work can affect health in many different ways, e.g. exposure to toxic chemicals, working under pressure, repetitive movements and so on (WHO, 2006). Social affairs are also inseparable from health, as high-quality health care is key to ensure good population health. In the European Pillar of Social Rights, principles are set that support the labor market and the welfare systems (European Commission, n.d. D).

Agriculture & Consumer protection

In line with Dahlgren and Whitehead's Rainbow Model, agriculture is a determinant for health. The EU established the Common Agricultural Policy (CAP) in 1962 (the supply side) and the demand side, Health and Consumer Protection strategy in 2005 (the demand side), both food-related policies and thus a key factor impacting health. Nutritional NCDs, such as diabetes and some cancers, cause a significant burden of disease due to diets high in fats, sugar and salts, low fruit, vegetable and whole grains intake. Many agricultural policies have the aim to ensure food security for the European population (Ståhl, Wismar, Ollila, Lahtinen, & Leppo, 2006), and research shows that numerous agricultural policies (negatively) influence nutrition outcomes (Kanter, Walls, Tak, Roberts & Waage, 2015; Lloyd-Williams et al., 2008; Veerman, Barendregt & Mackenbach, 2005). Walls, Cornelsen, Lock & Smith (2016) researched whether nutrition can be leveraged through European agricultural policy and discovered many areas need to be developed and clarified for this. For example, public health professionals need to take a more constructive role when providing solutions, more civil society engagement, and high-level governance support for nutritional guidelines from institutions like the WHO, which would give the EC a stronger mandate.

Fiscal governance

After the financial crisis of 2008, the countries that required emergency funds were able to get it at a cost, of which one was policy change for health systems. All Member States (except Czech

Republic and the United Kingdom) signed a treaty that strengthened EU's oversight of national budgets and increased its control of national budgets. Since healthcare is one of the two largest components of national budgets, this new strength of the EU cannot avoid having effects on Member States' healthcare (Greer et al., 2014).

Environment

Environmental policy has a major impact on public health as demonstrated in Dahlgren and Whitehead's Rainbow model. As mentioned in the All Policies for a Healthy Europe (2019), the following environmental factors impact health: air pollution, noise, bad access to clean water, hazardous chemicals, and sustainable diets. In addition, these impacts are distributed unequally in the population, with children, elderly, people with a lower income, and people already in ill-health, affected most. The EU has legislation, and thus within its competence, in the field of environment and therefore in health. The legislations can among other things, keep air and water clean. The EU has committed to the Paris Agreement, and agreed to meet the goals set (Eur-Lex, n.d. B). In addition, the EU has already put some legislation in place that resulted in reduced air, water and soil pollution (European Commission, n.d. E). An example is the recent EU ban on single-use plastics (European Parliament, 2019a).

Justice and fundamental rights

The EU has power with regard to fundamental rights, and health is a fundamental human right which implies a clear obligation towards the EU (WHO, 2017). An example is gender inequality which can affect people from their mental to their physical health and well-being (WHO, n.d. B). In line with this, the EU has legislative power with the monitoring and enforcing of EU law on equal pay in Member States (European Commission, n.d. F).

Research and innovation

As touched upon before, health is a small part of the current (and future) EU budget for research and innovation. The EU has policies in place with regard to research, for example to support open innovation and funding for innovators (European Commission, n.d. G). Galsworthy et al. (2012, in Greer, Hervey, Mackenbach & McKee, 2013) found that most EU research that is done on health does not get published. However, research and innovation are the basis for improving health, health services, and also social innovations contribute to health and well-being (McCarthy, Zeegers Paget & Barnhoorn, 2013; McCarthy et al., 2013).

Health in All Policies and All Policies for a Healthy Europe

All of the above demonstrate that different policy sectors can have a negative or positive impact on public health. In 2006, under the Finnish Presidency of the EU, HiAP was introduced as an EU approach to ensure that health would be integrated in all the activities and policies of the EC. The strategy acknowledges the need to put emphasis on other sectors and health because many people tend to medicalize health and neglect external causes of poor health, such as health effects of the environmental, social, agricultural and economic policies (Ståhl et al., 2006). However, it still does not seem there is hard evidence of the implementation of this approach (Koivusalo, 2010). The implementation gap is a major challenge in the HiAP approach, and for it to be successful evidence-based guidelines for sound policies are needed (Puska & Ståhl, 2010).

A new initiative on inter-sectoral health was launched this year, the All Policies for a Healthy Europe (2019) which emphasizes Europe's role in the multi-dimensional determinants of health. It takes the Sustainable Development Goals (SDGs) (the EU has committed to implement these in

their policies) as a key framework to demonstrate the emphasis needed on health and well-being in all policies and the inter-sectoral action on health.

Past achievements, missed opportunities and failures with regard to health at EU level

This section will look into what the EU has been capable of so far with regard to public health and into the missed opportunities. In 2013 Rosenkötter, Clemens, Sørensen and Brand carried out a study to gain insight in the achievements, failures and missed opportunities of the EU health mandate, using perceptions of experts in the field of public health, policy-making, policy advice, and advocacy.

Achievements

The work around international tobacco law, the WHO Framework Convention on Tobacco Control, was seen as one of the major achievements, in which the EU had a leading role. The NGO interview respondents of this research also saw this as an achievement of the EU:

“if I go back a bit in time, the tobacco product directive, in which I was personally involved, where despite counter action of the tobacco industry and the industrial interest, still there was a good result achieved, and there are many other examples.” – Zoltán Massay-Kosubek (EPHA)

“The EU was very strong on regulating in the area of tobacco.” - Natasha Azzopardi-Muscat EUPHA president

“Yes absolutely, the tobacco directive is an obvious one.” - Martin McKee EUPHA past president

The ‘biggest achievement’ that Rosenkötter et al. (2013) found was the realization of an organizational structure of health: at that time DG SANCO, now DG SANTE. It seems however though, according to a NGO respondent of this research, the organizational structure of health is losing power:

“in recent years we have unfortunately seen some degree of reluctance to emerge[...]. In the start of this century that enthusiasm has waned, we have not seen that kind of vigor now with the new tobacco products and vaping. In the area of alcohol very little has been done, and on the area of healthcare itself sometimes we still allow a number of other DGs to take the lead [...] but it is really health itself that should be crafting the direction and the way forward.” – Natasha Azzopardi-Muscat EUPHA president

For the upcoming mandate (2019-2024) civil society organisations show worries about the disappearance of an EU health commissioner. For example the NGO #EU4Health initiative calls explicitly for a dedicated health commissioner to ensure that health aspects are not sidelined throughout development of complex policies (EU4Health, 2019).

Missed opportunities

Rosenkötter et al. (2013) found that regulation of other health related life style factors such as alcohol and nutrition, and missed cooperation with the agricultural sector and the internal market sector were failures and missed opportunities. One of their respondents mentioned that DG Internal Market could have been a great weapon to put limits on the internal market on the grounds of public safety and health.

The interview respondents (both NGO respondents and an MEP) in this research did not necessarily touch upon the inter sectoral collaboration as a missed opportunity, but it was recognized as important and needed for public health improvements. The internal market, the environment and the workplace were related to health.

"I think that looking ahead there is more that could be done on nutrition and in particular on issues like labelling and so on. So I think a comprehensive approach to looking at public health aspects of nutrition, given that food is something that crosses across Member States' borders, so it clearly lies within the competence." - Martin McKee EUPHA past president

Zoltán Massay-Kosublek from EPHA discussed the importance of environment policy and air pollution as it is a determinant for health:

"My example would be non-health policy, environmental policy and air pollution, which is the number one environmental determinant of health." – Zoltán Massay-Kosubek (EPHA)

MEP Francis Zammit Dimech discussed the workplace and health:

"I have personally worked up on creating working conditions which are more conducive to health. I have worked on lowering the threshold of carcinogens that have a very negative impact on us as human beings and which are present in various chemicals." - MEP Francis Zammit Dimech (EPP)

4.2 Sub question 2 literature and interview results: Actors in influencing EU health policy

'Which actors play a role in influencing European Union health policy?'

This section elaborates on main actors that play a role in the political arena of the EU and health policy, and will use the analogy of the front- and backstage in which actors act (Brandsma, 2010). The frontstage concerns EU institutions and Member States, and the backstage concerns the advocacy groups. In the following sub question it moves on to how both sides could create a receptive environment, which is needed to influence policy and decision-making.

The front stage: European Parliament, European Commission and Member States

The big EU bodies (see Appendix 2) immediately come to mind when thinking of EU policy. With an eye on the EP elections, according to Hix (2002) the most prominent parties effectively run the EP, and "control who wins the key offices in the EP, who gets what committee chair, and how the legislative agenda in committees and on the floor of the EP is organized" (p. 690). Thus the prioritizing of health partly depends on the type of parliament that will be set in place. When asked about the extent the results of the elections could hinder or contribute to health, NGO respondents mentioned the impact that populist parties could have on health of European citizens:

"It's all going to very much depend on what kind of parliament we are going to be seeing, and whether we are going to be seeing a parliament with for example a higher representation of populist groups that have a strong anti-vaccine stance, like some groups in Italy and France for example." – Natasha Azzopardi-Muscat (EUPHA president)

“Clearly if we have a growth in votes for some of the parties outside the political mainstream, I am thinking for example 5 Estrellas in Italy, I think some of them do have policies that are explicitly anti-science and anti-enlightenment, and I think that is a matter of some concern.”- Martin McKee (EUPHA past-president)

The EP is able to draft initiative reports and bring these forward to the EC, the EC is however not obliged to act upon these initiatives. The EPP electoral manifesto calls to grant more to the EP and the right to initiate legislation (European People’s Party, 2019). Agenda-setting will however remain mostly with the EC (European Parliament, 2019b). In principle, decisions made by the EU are binding and when new regulations enter force they have to be directly applied by the Member States (European Parliament, n.d.). That however does not mean that Member States don’t hold any influence in policy making; the Council of the EU plays a role in agenda setting because the presidency of the Council rotates every six months with a national presidency. ‘Relais actors’, in the case the Member States, are argued to play a key role in negotiations between organisations (Thomson, 2008). When a national government belongs (that has presidency in the Council) to a certain political ideology, a certain health topic can be made a priority for the presidency. Thomson (2008) found that there was credence that Member States do enjoy additional influence when they hold presidency in the Council of the EU, because “their sources of influence over decision outcomes are most likely to be sought in their privileged access to information and their relais function with respect to other organizations.” (p. 614). In addition, Member States are able to use “soft governance”, such as the Open Method of Coordination (OMC), in which best practices can be exchanged to reach convergence of EU goals in those policy areas in which Member States have competence, and not the EU, such as health (European Parliament, 2014). The critique however on these types of methods is that, since the role of EU bodies in this process is limited, is that there is peer pressure, and ‘naming’ and ‘shaming’ (European Parliament, 2014; Eur-Lex, n.d. C)

The research by Brooks (2018) illustrates that the above described influential actors in the frontstage can have different perceptions with regards to health policy. Brooks (2018) mapped actors involved in EU pharmaceutical policy direct-to-consumer advertising of prescription drugs (DTCA-PD). Contrasting positions held by parts of the European Commission (pro DTCA-PD Enterprise Commissioner versus the resistance of the Health Directorate DG SANCO (now DG Santé) were observed. This might indicate that the frontstage should not be seen as one whole, but as parts with different perceptions and beliefs.

The back stage: interest groups & epistemic communities

The power that the backstage holds could be conceptualized as normative power, which “rests on the power of ideas and norms and is related to the concept of ‘civilian power’, ‘soft power’ as well as the notion of ‘ideational power’” (Björkdahl, 2008, p. 136). There are multiple ways to define actors in the backstage, but often they exist of groups that act as a transmission belts between the public and policy makers (Flöthe, 2019), for example *interest groups, civil society organisations, and NGOs*. Advocacy is seen as a crucial part of a public health strategy, and it is suggested they are powerful because they provide more information on public preferences than e.g. business groups and experts (Flöthe, 2019). The respondents from NGOs confirmed that they indeed have strong links with the public:

"I think what we can mainly do, is to channel the voice, in our case patients but we are also citizens and voters, so we can show what is important to people." – Kaisa Immonen (EPF)

"I think raising awareness, making decision-makers and citizens aware what Europe does for them for health is a good way forward. And the European election campaign is a good opportunity for that as we know Eurostat data shows that people expect more on health. [...] To simplify, if we make the issue visible, both for decision-makers and the citizens, then if we create public pressure about that issue then I think that can in a good way politicize health, make it an important thing, and that may result in some commitment from the new European institutions to do more, definitely more than they are doing now." – Zoltán Massay-Kosubek (EPHA)

The most crucial factor for rational policy-making is evidence, implying the crucial role of experts therefor too. Löblová (2018) conceptualizes experts as *epistemic communities*, which is a group of experts that share a common policy goal based on their shared knowledge. Somewhat in line with the ACF, epistemic communities focus on the role of knowledge to influence policy change (ACF focuses more broadly on core beliefs). Epistemic communities will however impact the defining of ideas and problems more than it will impact the decision-making process and must compete against other coalitions. However, when these other coalitions lack unity epistemic communities might have more influence (Zito, 2001).

4.3 Sub question 3 literature and interview results: Building blocks for a receptive environment

'What are building blocks for actors in the political arena to create a receptive environment for influencing agenda-setting?'

Only knowing which actors are important in influencing EU health policy is not enough; understanding the logic of policy and decision-making processes is what makes policy change possible. As mentioned in the methodology a receptive environment is an environment in which someone is "receptive to new ideas or suggestions and is prepared to consider them or accept them" (Collings Dictionary, 2019). Often policy making and the accompanied environment is viewed as a linear one way process in which experts disseminate messages which are implemented by policy makers. This section will elaborate on how it is not a linear process, but in fact a complex fluid one.

Advocacy coalitions in the policy arena

The ACF framework comes in useful and states that the policy arena is not between the actors, but between different advocacy coalitions, which are made up of different actors such as government officials, experts, journalists and interest groups who all share the same objective or belief (Princen, 2007). One of the most important building blocks is creating strong and broad coalitions that are long-term and well-coordinated, because, as identified by Brooks (2018), at EU level as well as interest group level there can be disunity (in this case about DTCA-PD). Supporting this building block of strong and broad coalitions, a new research shows that overarching umbrella organisations (e.g. brought together health associations) enjoy higher access to parliamentary hearings (in this research at national level) due to the channeling of information and support resources from member organisations (Junk, 2018). Brooks (2019)

adds that seeking out for non-traditional actors such as journalists, researchers and groups which aren't mobilized yet but will be affected, are useful actors for advocacy coalitions. There are also more practical elements that e.g. relate to a clear decision making process, leadership, distinguished roles, and professional venues/forums (Sabatier & Weible, 2007; den Broeder et al., 2016; Bekker, 2016).

When coalitions are skilled, it gives them more chance to benefit from external events (Weible, Sabatier & McQueen, 2009). Factors that are *relatively stable* (ACF) over a certain time period and the *external system events* (ACF) are difficult to change and take a long period of time to change. Sabatier (1993, in Villamor 2005) therefor discourages actors to focus on these events as a strategy for actors due to the difficulty of changing factors that are relatively stable over time. But according to studies, the external events can bring about major policy change. Villamor (2005) studied environmental policy in the Philippines, in which changes in the basic legal structures (which are usually relatively stable over time) were a prerequisite for policy change. Matching this, Brooks (2018) names how the election of a government which favours a certain topic or health crisis can bring about a shift of power. Kübler (2001) studied Swiss drug policy, in which the Aids epidemic caused complete change in the debate around drug policy. These findings indicate the benefits external events can create, given that the coalitions are skilled.

Creating trusting relationships between actors within a coalition is seen as an important factor for a receptive environment (Bekker, 2016; den Broeder et al., 2016; Sabatier and Weible, 2007). According to Williams (2015) hostile settings have undermined many priority setting decisions.

Two respondents showed agreement that unity between actors and good relations is important for influencing policy, and how an external event (the Juncker scenarios) brought advocacy groups together:

"I think that when those [Juncker] scenarios were issued in 2017, advocacy groups had a wakeup call, kind of siren-call, came together and we produced a number of statements, positions around the campaign called 'EU do more for health' [EU4Health]. But we would like to think that advocacy groups we are working strongly together to try and make sure health is at the top of the EU agenda." - Natasha Azzopardi Muscat (EUPHA)

"Obviously everything requires good professional contacts, so you have to know who is responsible for your file in the different institutions, appropriate commission services, the appropriated diplomats from the given Member States, and the MEPs which are interested in your area. And the combination of this, which we call advocacy strategy, has the potential to lead to tangible results." - Zoltán Massay-Kosubek (EPHA)

Kaisa Immonen from EPF discussed how credibility, based on the voices you represent as an organization, is important for successful advocacy:

"I think we have to be credible first of all. We have to demonstrate that we are representative of the voices on whose behalf we'd like to speak. So if we are a credible organization then it's easier because then we already have been established as someone to whom you should listen to." - Kaisa Immonen (EPF)

A clear example is given by Princen (2007) who uses the tobacco policy to illustrate how these advocacy coalitions are not just between the front and backstage actors. Advocacy coalitions,

existing of interest groups and government officials, with different perceptions were mirrored at each level of governance. At EU level the anti-smoking coalition found a receptive ear at DG SANTE, and interest groups coming from the tobacco industry found a receptive ear at DG AGRI (as they subsidize European tobacco growers). Elaborating on the analogy of the front- and backstage, actors in the same coalition need to work together to create a well-working performance. Advantages of coalitions are "accessing, sharing and disseminating information, pooling resources, enhancing advocates' ability to demonstrate solidarity, agreement and support for a policy position, garnering decision makers' support and influencing policy processes" (Weishaar, Collin & Amos, 2016, p. 127). An important (but often left out) factor for successful advocacy coalitions is coordination (Weible et al., 2009).

Working at all levels however has been seen to become more difficult. Respondent Natasha Azzopardi-Muscat Natasha elaborated on the recent changes that made it harder for NGOs to get involved with EU actors:

"The EU has made it increasingly difficult for public health NGOs to join certain EU funded program projects, because of some changes in the regulations. This would be something that I think should be revisited and reconsidered." – Natasha Azzopardi-Muscat (EUPHA president)

In addition to that, NGO respondent Zoltán Massay-Kosubek discusses that the agenda is set by others (the EC):

"The key of success or advocacy is to monitor what is on the agenda, because the agenda is set by others. [...] It is much more difficult to bring your own issue on the agenda. One possible way is to do it via the EU presidency, which means thinking and planning ahead years. The other option is just to put your agenda on MEP intergroups organizing events about this, because that is a way where you can create awareness about it." – Zoltán Massay-Kosubek (EPHA)

Martin McKee goes further and touches upon the importance of shaping the narrative around the agenda that has been set by others:

"Well, with any agenda, clearly one of the issues is that we need to shape the narrative, and that means making the case for health as a value in its own right, but also for its contribution to human capital, its contribution to economic growth, to the conventional of measures of the progress of nations and the progress of Europe to social cohesion." – Martin McKee (EUPHA past-president)

It seems that the backstage views collaboration with the frontstage more difficult than vice versa. From the perspective of the frontstage, the interviewed MEPs elaborate on how they/their party collaborate(s) with other parties and organisations:

"It is a question of awareness and organizing events. [...] EPP works through alliances with other parties through all its political work. And when it comes to health it is even easier because normally there is cross party support. So if we are working on new regulations, new directives, new resolutions, we would obviously need to seek the support of other political groups, and that is how we work." – MEP Francis Zammit Dimech (EPP)

"We have a wide range of contacts, whom we regularly see to exchange views and perspectives on developments within the sector or in policy. We see many groups come in, from patient organisations to specialist organisations to the pharmaceutical industry. It is important to create a big picture of everything." - MEP (ALDE)

Knowledge transfer to policy makers

The expert community and the policy community often do not speak 'the same language' which makes it difficult for experts to convey their messages (Löblova, 2018). For the second building block, experts therefore need to develop strategies that can improve the knowledge transfer to policy makers. It is however not only the communication (e.g. simple language) that hinders the process, but that policy-makers are selective in when they ask for expert advice, they might turn to alternative voices (Dunlop, 2009 in Löblova, 2018), intervening factors such as financial constraints, or competing epistemic communities (Löblova, 2018). According to Cairney and Oliver (2017) experts can optimize successful engagement by shifting from evidence-based medicine, to evidence-based policymaking: recognizing policy makers' beliefs and the shortcuts they use (e.g. familiarity with information), understand where the action is, have long-term coalitions and strategies to be able to influence policy, and lastly determine how far you are willing to go as an expert to persuade policy makers. Also, epistemic communities have the power to change belief systems, provided they translate their knowledge properly; policy-oriented learning, which is defined as "relatively enduring alternations of thought or behavioral intentions that result from experience and/or new information and that are concerned with the attainment or revision of policy objectives" (Sabatier & Jenkins, 1999, p. 123 in Weible et al., 2009). Relating this back to the ACF, this offers perspective to alter policy makers' *Deep Core Beliefs*, which span the policy areas.

Interview respondent Natasha Azzopardi Muscat elaborated on experts needing to be aware of what politicians are dealing with and they could then still wave their knowledge into decisions. In addition, she mentioned that the EU's expert groups have been diminishing which is bad, but also questioning whether these expert groups within the EU were understanding the politicians.

"Sometimes also the health experts are not always being clear or realistic understanding what big political struggles that politicians are facing. [...] I always like to say that it requires a degree of humility on the side of experts, which is often in scarce supply, which is to be able to put forward the evidence, scientific knowledge, but having a deep sense of appreciation for real problems decision-makers have to face." - Natasha Azzopardi-Muscat (EUPHA president)

Similarly as with NGOs to engage with EU actors, also for health experts in the EU Natasha Azzopardi Muscat sees it becoming more difficult:

"I think sadly we have seen the closure of many expert groups. There were many many expert groups in the area of health that have been disbanded. And obviously I don't think it's the right message." - Natasha Azzopardi-Muscat (EUPHA president)

Building blocks for a receptive environment visualised

Below in Figure 3 the most important literature findings and the interview findings for this sub question have been merged and visualised, including its possible benefits.

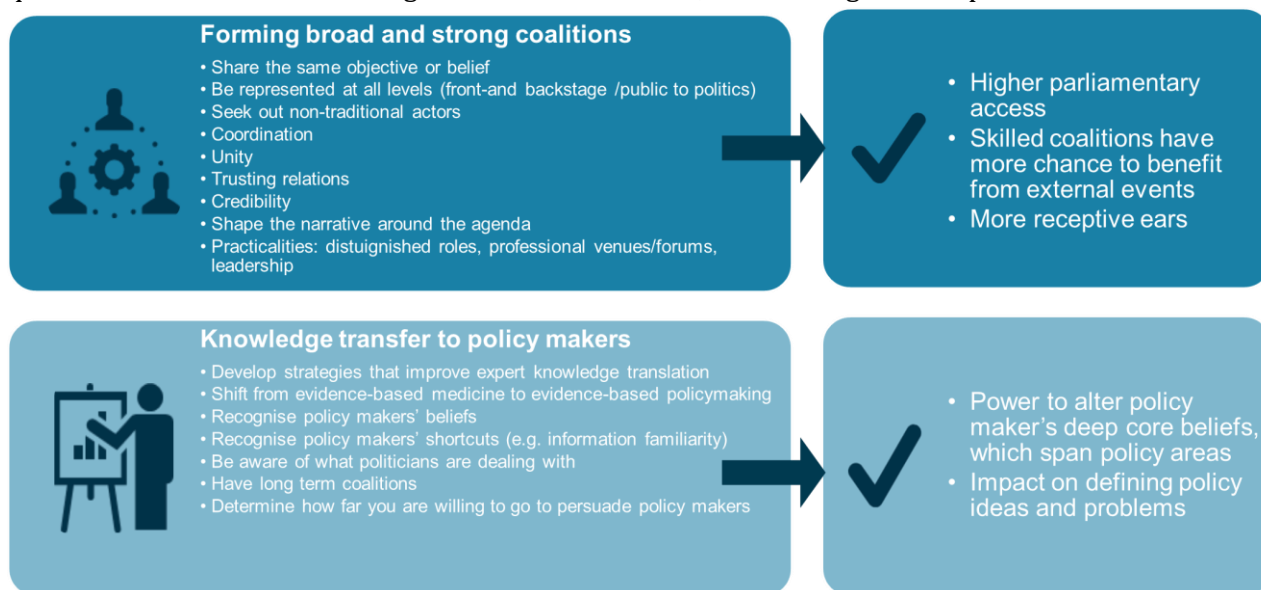


Figure 3. Building Blocks for a Receptive Environment

4.4 Sub question 4 results: Election manifesto screening

'What are the current plans of the European Union political parties with regard to health for the upcoming five-year period?'

On the following page the results of the manifesto screening are set out in Table 4. Eleven election manifestos were screened on health themes (which are referenced in the table's footnote). Following, the most notable findings will be further discussed and compared. Table 5 provides frequency numbers based on Table 4. In Appendix 7 a descriptive analysis of the parties' election manifestos can be found.

The results of this sub question provided the basis for a statement that was published by the European Public Health Association (EUPHA), which can be found in Appendix 6.

Table 4. Election manifesto screening of EU political parties

Political Group		European United Left-Nordic Green Left	Greens-European Free Alliance	Progressive Alliance of Socialists and Democrats	Alliance of Liberals and Democrats for Europe	European People's Party	European Conservatives and Reformists	Europe of Freedom and Direct Democracy	Europe of Nations of Freedom	New Parties			
RESULTS PER THEME AND PER SUBPARTY Frequency the word health is mentioned											Volt	Dem25	
Public Health ¹	Health promotion and disease prevention ²	4	4	15	31	4	0	5	7	13			0
	Tobacco ³	G		G	M								3
	Alcohol ³												0
	Obesity ³	M*		G*		G*		G/A*	G				0
	Digital health and care ²												5
	Health technology investment (HTI) ²												0
	Substances of human origin ²												0
	Gender equality ²	G/A	G/A	G/A		G/A	M	G/A	G/A			G/A	8
	Mental health ²		G	G					M			M	3
	Physical health ⁴												1
	Migrations ⁵	G*	G*	G/A*	G/A*	G/A*	G/A*	G/A*	G/A*			G/A*	11
	Vaccination ⁶												0
	Drugs ⁷												2
	Education ⁸	G	G/A	G	G/A	G/A	M	G	G/A			G	9
	Housing ⁹												6
Environment ¹	G	G/A*	G	M	G/A	M	G/A*	G			G/A*	9	
Air pollution ⁹	M		G/A	G	G/A	M		G/A				5	
Noise ⁶												0	
Chemicals ⁶			G/A		G/A							2	
Water and sanitation ⁸	M		G/A	G	G/A		M					5	
Health and Safety at Work ^{8,10}	G/A	G/A	G/A	G/A	G/A	M/G	M	G/A			G	1	
Consumer Protection ¹												0	
Consumer safety ²												1	
Agriculture, safety and quality of food or chemical substances ^{8,11}	M*	G	G/A	G/A	G/A	G/A*	G/A	G/A			G/A*	10	
Social Security Systems ¹	G	G	G	M								3	
Effective, accessible and resilient health systems ^{2a}	G	M	G	G	G/A			G				6	
Cross-border healthcare ²			G*	G	G*	G/A*	G/A*	G			G/A*	1	
Health Research and Innovation ¹²	G		G	G/A		M	M	G				6	
Other health topics												7	

¹ Green, S. L., Fahy, N., Elliott, H. A., Wisnart, M., Jarman, H., & Palm, W. (2014). *Everything you always wanted to know about European Union health policies but were afraid to ask*. European Observatory on Health Systems and Policies.

² European Commission (2018). *Questions and answers on the new Social Fund and Globalisation Adjustment Fund for the period 2021-2027*. Retrieved on 05-02-2019 from http://ec.europa.eu/rapid/press-release_MEMO-18-3922_en.htm

³ OECD (2018). *Health at a Glance: Europe 2018 State of Health in the EU Cycle*. Retrieved on 07-02-2019 from https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2018_health_glance_sur-2018-en/?page=1

⁴ European Commission (2019). *Nutrition and physical activity*. Retrieved on 11-02-2019 from https://ec.europa.eu/commission/priorities/nutrition_activity/overview_en

⁵ European Commission (2019). *Migration*. Retrieved on 11-02-2019 from https://ec.europa.eu/commission/priorities/migration_en

⁶ European Commission (2019). *Accommodation*. Retrieved on 11-02-2019 from https://ec.europa.eu/health/vaccination/overview_en

⁷ European Commission (2019). *Drugs policy*. Retrieved on 11-02-2019 from https://ec.europa.eu/home-affairs/sites/home-affairs/files/4e-4b-policies-organized-crime-and-human-trafficking/drug-control_en

⁸ European Commission (2019). *Drugs policy*. Retrieved on 11-02-2019 from https://ec.europa.eu/health/nutrition_physical_activity/overview_en

⁹ European Commission (2019). *Environment and Health*. Retrieved on 11-02-2019 from <https://ec.europa.eu/research/health/index.cfm?pg=policy&policyname=environment>

¹⁰ European Commission (2019). *Health and safety at work*. Retrieved on 11-02-2019 from <https://ec.europa.eu/social/main.jsp?catId=148>

¹¹ European Commission (2019). *Health and consumer protection*. Retrieved on 11-02-2019 from <https://ec.europa.eu/eu-en-science-area/health-and-consumer-protection>

¹² European Commission (2018b). *EU budget for the Future, Research and Innovation*. Retrieved on 19-02-2019 from https://ec.europa.eu/commission/sites/beta-political/files/budget-proposals-research-innovation-may2018_en.pdf

M = mentioned topic
G = goals formulated
A = action formulated
* unclear if meant to be linked to health

Table 5. Frequency of mentioning, goals, action, and total health themes touched upon (based on original manifesto screening table)

	European United Left- Nordic Green Left	Greens-European Free Alliance			Progressive Alliance of Socialists and Democrats	Alliance of Liberals and Democrats for Europe		European People's Party	European Conservatives and Reformists	Europe of Freedom and Direct Democracy	Europe of Nations and Freedom	New parties		
	PEL	EFA	EGP	PPEU	PES	EDP	ALDE	EPP	ECPM	ACRE	No subparty	MENF	Volt	Diem25
Mentioning	4	1	0	1	1	5	4	1	1	0	0	0	1	1
Goals	9	6	18	11	13	5	7	9	6	0	0	0	5	0
Action	2	4	7	7	11	4	6	4	5	0	0	0	8	0
Total health themes touched upon	13	7	18	13	14	9	11	11	7	0	0	0	9	1

Frequency

The frequency of the word (or words including) 'health' in the manifestos ranges from none (EDP and Diem25) to 31 times (PPEU) with a mean of 8 mentions. *Migration* is mentioned by all 11 parties, followed by 10 parties mentioning *agriculture, safety and quality of food or chemical substances*, and the *environment* mentioned by 9 parties.

Left-right wing distribution

Table 5 indicates that the parties PEL, EGP, PPEU, and PES (far left, left and mid left) touch upon most health themes. The mid (EDP and ALDE) and mid right wing (EPP and ECPM) parties touch upon less health themes than the left wing. The far right parties did not have an election manifesto and thus 0 health themes mentioned. Volt and Diem25 were not placed in the spectrum due to it being unclear where they fit in. Their mentioning of health themes was rather low.

Mentioned topic, goals formulated, and action formulated

The results indicated whether health topics were only mentioned, or whether goals and/or action were formulated for the health themes in the election manifestos. It becomes clear in table 5 that the left and mid left wing formulate most goals and actions (EGP, PPEU and PES), the mid and right wing parties (EDP, ALDE, EPP, ECPM, and new party Volt) formulate less goals and actions, and the far right and Diem25 none.

Looking beyond the medical scope

10 out of 11 parties include a number of issues directly or indirectly touching upon health, such as gender equality, education, occupational health, environment, and sustainable agriculture. All parties seem to be looking beyond the narrow medical aspects of health by including issues such as air pollution. However, it is sometimes unclear whether they are actually aware of how other sectors impact on public health (see * in table 4). This was especially so for migration, a topic which all parties touch upon. There is only little mention of promotion of health and prevention of diseases (PEL, EGP and PPEU). Similarly, mental health, a major burden of ill health, is barely mentioned (EGP, ECPM and Volt), and there is no attention to non-communicable diseases (NCDs) (except EPP who mention cancer). Little attention is given to specific health research and innovation, or to digital health (except in the EPP manifesto). The health (sub)themes *public health, tobacco, alcohol, obesity, health technology investment, substances of human origin, vaccination, noise, and consumer protection* are not mentioned by any of the parties.

MEPs on health at EU level

During the AP4HE manifesto launch it was mentioned that in the EP the debate needs to be stimulated and continued, the comeback for HiAP, that everyone is needed on board to centralise health, and that health should stand on its own and not under the ESF+ programme.

The MEPs that were interviewed provided some additional information in how their party plans to contribute to health at EU level, and whether it needs to be prioritised more. Both MEPs would like to see more health action at EU level, but also respect the EU's health competencies.

"[.]health is one of the major issues people talk about, so we need to give it that level of priority." -MEP Francis Zammit Dimech (EPP)

"I think it is an issue that needs to be given more priority more than ever before because we are talking of populations across Europe where longevity is positively so on the increase but that also means that now we need to give more attention to quality of life. So public health which incidentally is still within the direct [?] competence of the national governance, but I would like to see more European involvement about this issue because there are so many factors that do affect us across borders." - MEP Francis Zammit Dimech (EPP)

"Within Public Health, the EU could contribute in complementary ways to the efforts Member States are already undertaking. Within this regard, there are still possible steps to take to improve this contribution. If you look at Health Technology Assessment (HTA), we have managed to achieve a different mindset regarding collaboration in healthcare. If we work together, more knowledge will be gathered and more easily spread throughout the Union. The Member States however will remain responsible for the overall wallet of healthcare." – MEP (ALDE)

5. Discussion and Conclusion

This section will wave together the four sub questions to answer the main question *'In light of the 2019 European elections, what is a possible way forward for influencing, facilitating and prioritising health policy at European Union level'*. This research offers insight in what has been said on paper about the topic, how the involved experience it, the relevant lessons from the literature for practice, and the state of political health plans at EU level. In this section first the separate sub questions will be succinctly answered, after which the main research question will be discussed and answered.

1. In which policy sectors of the European Union is capacity to establish policy that is (in)directly related to health?

The (grey) literature search identified eight policy sectors in which the EU has (shared) legislative power (in contrast to only the supporting role the EU has for direct health policies) that can impact positively on public health: Customs and Internal Market, Trade, Employment and Social Affairs, Agriculture & Consumer Protection, Fiscal Governance, Environment, Justice and Fundamental Rights, Research and Innovation. In previous research, cooperation between public health professionals and the agricultural and market sector were seen as missed opportunities, similar inter sectoral collaborations were noted by interview respondents.

2. Which actors play a role in influencing European Union health policy?

This research mapped important actors at the front- and backstage in the political EU arena. At the frontstage the big EU bodies play a prominent role: the EP and its dominating parties, the EC which can initiate legislation and has power with regard to agenda setting, and the Council of the European Union in which Member States can exert power over prioritising topics for policies. At the backstage there are the actors with normative power, such as interest groups and epistemic communities, whom advocate for their beliefs and the agenda-setting of certain topics.

3. What are building blocks for actors in the political arena of the European Union to create a receptive environment for influencing agenda-setting?

The third sub question provided possible building blocks for a receptive environment for actors in the policy arena. It came down to two building blocks of which the first is creating strong and broad coalitions, and the second came down to proper knowledge transfer to policy makers (both more detailed in figure 3). Both of which could lead to more prioritising of health policy at EU level due to more receptiveness across different levels of actors.

4. What are the current plans of the European Union political parties with regard to health for the upcoming five-year period?

First of all, what becomes apparent from the manifesto screening is that health is not a prioritized subject for the EP elections and thus not for the upcoming five year new political cycle, which is worrying as there are still health gains to make and health is unequally distributed within the European population. The parties from the left-wing political groupings touch upon health themes most compared to other parties. Prominent public health problems Europe will face, such as the NCD epidemic and the importance of promotion of health and prevention of disease, were barely mentioned or touched upon. On the brighter side, all parties seem to be looking beyond the narrow medical aspect of health, with many parties recognizing

health in the environmental and agricultural sector. However, it is sometimes unclear whether parties are actually aware of how other sectors impact on health (this became especially apparent for migration matters).

It offers a positive perspective for the new political cycle that parties often look beyond the medical side of health, provided that they understand how other sectors can positively impact on health and take advantage of that fact. This is where expert knowledge comes in particularly valuable. There are many sectors (in)directly related to public health in which the EU has legislative power, and are therefore able to alter health outcomes of European citizens for the better. Initiatives such as HiAP and AP4HE aim to support and boost this inter-sectoral approach. The emphasis on other sectors might be very beneficial, especially because the EU competence for direct health legislation remains at Member State level. Putting more focus on the non-medical sectors seems to be recognized by the main actors in the political arena, but altering beliefs of policy makers continuous to be challenging.

Changing beliefs of policy makers is possible, but not easy. Often the interaction between the front-and backstage is seen as a linear process, but in reality it is much more fluid, and therefore needs a non-linear approach which could create a receptive environment. To influence agenda setting, actors need to create long-term broad coalitions with each other, and be aware that a broad range of actors within this coalition is a powerful strategy to become more influential. This research identified policy sectors in which the EU has competence, and therefore stresses to also collaborate with actors whom perhaps are not so clearly linked with health. This way there are ears at different levels (public, interest, governmental, and policy sectors).

The results of the literature show the added value of creating broad, strong and long-term coalitions: a finding that could benefit public health interest groups. Especially with the recognized concern there is for the rise of populist parties, of which its ideology is likely to be unfavourable for public health. The interview answers seem to indicate that MEPs experience collaborations with advocacy groups as easy or self-evident, while vice versa that is not the case, and there is even a concern with interest groups that the organisational structure of the EU and health topics is losing power, making it more difficult for interest groups to enter the political arena. This might point out there are collaborative gains to make between governmental-and interest groups.

Epistemic communities and/or experts can be very influential in defining ideas (also when epistemic communities are not part of an advocacy coalition), provided that they are aware of how to approach policymakers with their knowledge and find ways to understand when a policy maker will have a receptive ear for expert knowledge. One NGO respondent mentioned that the agenda is set by others, which is true as the EC initiates legislation proposals, so perhaps not only for epistemic communities, but also for other actors at the backstage it is important to know how to strategically wave health topics on to the agenda by choosing a receptive narrative. External events, which are quite a prominent feature in policy making when following the ACF, can work in great favour of advocacy coalitions and having their belief or stance become prominent in the political arena, but should not be relied too heavily upon as it is seen as insufficient due to difficulty of changing stable parameters and the long timespan.

So, what could be said about the way forward for *influencing, facilitating and prioritising* health policy at EU level?

On the one hand, health is not a main priority for the 2019 EU elections, the populism rise is seen as a concern for public health, and NGOs and experts are unwillingly becoming more separated from the EU. On the other hand, health can be positively altered through other sectors in which the EU has (shared) legislative power, which seems to be recognized by many, and literature findings suggest there are ways to influence the agenda setting of health. Altogether, there is need for change in the ways of influencing, facilitating, and prioritising health policy at EU level as the political dynamics for health are changing. A possible way forward that this research provides lies with creating a receptive environment which is not *between* the front-and the backstage, as it is not a linear but fluid and complex process, but *among* the front- and backstage actors. The building blocks this research provided are perhaps too far-fetched and a utopia for now, but remain valuable to keep in mind when moving forward with influencing, facilitating and prioritising health at EU level. Nonetheless, a starting point is perhaps to find more unity within different actors from both the front-and backstage; thinking less in 'us' and 'them' terms. Evidence shows that broader, stronger and longer-term coalitions including non-traditional actors, and an attractive narrative is able to change beliefs of policy makers, and therefor able to create change that benefits the public health of European citizens.

Main takeaways:

- Public health is not prioritised in the election manifestos for the EU elections 2019
- Left-wing parties pay more attention to health themes compared to other parties on the political spectrum
- There seems more attention and recognition to non-medical EU sectors and health which offers positive perspectives because the EU has (shared) legislative power in non-medical sectors
- The literature and interview findings provide evidence for elements that contribute to influencing the priority setting of health. It mainly comes down to creating broad, strong, and long-term elements and knowledge translation from experts that resonates with policy makers.
- Often the interaction between the front-and backstage actors is seen as a linear process, but in reality it is much more fluid, and therefor needs a non-linear approach that creates a receptive environment *among* the front-and backstage actors and not *between* them.

Strengths and Limitations

This research provides topical and therefor relevant insights in plans of the EU political parties with regard to health. These findings are incorporated with literature findings on relevant policy sectors, actors, and building blocks for a receptive environment. This study provides first-hand information from MEPs and NGOs, and scientifically backed-up emphasis on the need for proper collaboration and the call for broad coalitions, which is extremely relevant knowing that health is not prioritised and populist party votes might increase. Both the theoretical frameworks proved to be useful in guiding this research.

A limitation to this study is that only 2 MEPs were interviewed, not giving a representative overview of how different parties' MEPs view health in the EU. In addition to that, the research is biased towards health-oriented actors, as both the MEP and NGO respondents are affiliated with

health. This implies we need more evidence from powerful actors who are not affiliated with health, or in favour of prioritising health, to understand strengths and limitations of opportunities and strategies to influence and prioritise health at EU level. Furthermore, the study might have missed out on important literature because it was not a systematic literature review, this would have been proven to be more difficult though, as the study took a broad approach towards health and lacked demarcation.

For future research a review study of previous case studies focusing on (in)direct health policy at EU level could prove to be useful to get a complete picture of all actors involved, and also understanding if the type of actors deviate in different health policies. An example is the research by Brooks (2019). In addition, more evidence from insights in the views to coalition-building from the frontstage (EU institutions) and actors that are not involved in health, will provide a broader picture of the political arena. This, again, will show strengths and limitations of opportunities and strategies to influence and prioritise health at EU level. Further research will offer more handles for the involved actors to anticipate on how to create and deal with a receptive environment to prioritise health at EU level.

6. Recommendations

Scientific

- More research which includes actors in health policy across the spectrum of health (from health-oriented actors to non-health-oriented actors) to collect more evidence to analyse strengths and weaknesses of strategies for influencing and prioritising health at EU level.
- More review and case study research on this topic for more practical evidence from the field.
- More defined research to specify building blocks for a receptive environment at EU level, including a context related view.

Practical

- For health-oriented actors it is important to create an attractive narrative that fits with all levels of actors.
- There are sectors in which the EU has (shared) legislative power that impact on public health. The recognition of this seems increasing among actors at different levels, and offers perspective for the future as the health mandate of the EU remains limited. This insight could be utilised.
- The interaction among front- and back stage actors in health policy should be viewed as a fluid process, not a linear one.

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8. Appendixes

8.1 Appendix 1 list of EU political parties

- **Party of the European Left (PEL)**
 - European Left Manifesto (2019). *For a progressive exit from the crisis*. Retrieved on 12-03-2019 from <https://www.european-left.org/wp-content/uploads/2019/02/1.-EN-Electoral-Platform-2019-2.pdf>
- **The European Free Alliance (EFA)**
 - European Free Alliance (2019). *Building a Europe of all peoples*. Retrieved on 12-03-2019 from https://www.e-f-a.org/wp-content/uploads/2019/04/EFA_manifesto_2019_EN-1.pdf
- **European Green Party (EGP)**
 - European Green Party (2019). *Time to renew the promise of Europe*. Retrieved on 14-03-2019 from <https://europeangreens.eu/sites/europeangreens.eu/files/Adopted%20%20EGP%20Manifesto%202019.pdf>
- **Pirate Party (PPEU)**
 - European Pirate Party (2019). *Statute of the European Pirate Party (PPEU)*. Retrieved on 03-04-2019 from <https://wiki.ppeu.net/doku.php?id=statutes:final>
- **Party of European Socialists (PES)**
 - PES Socialists & Democrats (2019). *A New Social Contract for Europe*. Retrieved on 12-03-2019 from https://www.pes.eu/export/sites/default/galleries/Documents-gallery/PES-Manifesto-2019_EN.pdf_2063069294.pdf
- **European Democratic Party (EDP)**
 - European Democratic Party (2019). *Europe Stand UP! European Democratic Party Election Manifesto*. Retrieved on 25-04-2019 from http://www.democrats.eu/sites/default/files/inline-files/PDE%20MANI_EN-GB.pdf
- **Alliance of Liberals and Democrats of Europe (ALDE)**
 - Alliance of Liberals and Democrats for Europe (2019). *Freedom, opportunity, prosperity: the Liberal vision for the future of Europe*. Retrieved on 12-03-2019 from https://www.aldeparty.eu/sites/alde/files/40-Resolutions/2019_freedom_opportunity_prosperity_the_liberal_vision_for_the_future_of_europe_0.pdf
- **European People's Party (EPP)**
 - European Peoples Party (2019). *EPP Manifesto "Let's open the next chapter for Europe together"*. Retrieved on 12-04-2019 from <https://www.epp.eu/files/uploads/2019/04/EPP-MANIFESTO-2019-002.pdf>
- **European Christian Political Movement (ECPM)**
 - European Christian Political Movement (2019). *Strong Values, Strong Nations, Strong Europe*. Retrieved on 13-03-2019 from <https://ecpm.info/Election%20Manifesto%202019.pdf>
- **Alliance of Conservatives and Reformists in Europe (ACRE)**
 - No manifesto
- **Group: Europe of Freedom and Direct Democracy (EFDD)**
 - No manifesto
- **Movement for a Europe of Nations and Freedom (MENF)**
 - No manifesto
- **VOLT**
 - VOLT (2019). *The Amsterdam Declaration. Volt's programme for the European Parliament 2019-2024*. Retrieved on 01-04-2019 from https://assets.nationbuilder.com/volt/pages/6564/attachments/original/1540629281/Amsterdam_Declaration.pdf?1540629281
- **Diem25**
 - Diem25 (2019). *The EU will be democratize. Or it will disintegrate*. Retrieved on 01-04-2019 from https://diem25.org/wp-content/uploads/2016/02/diem25_english_long.pdf

8.2 Appendix 2 European Union and relevant bodies

The European Union consists of many organs, for this report the European Commission and the European parliament have the main focus, the Council of the European Union is taken as a contextual factor (see figure X). The Council of the European Union consists of Member States' government Ministers and they defend their national interest, so their circle of interest comes from their national interest, and not the EU interest. In addition advocacy and lobby groups tend to aim less on the Council of European Union. It is however important to remember the Council of European Union are also part of adopting legislation and co-decision. Below the European Commission (EC) and the European Parliament (EP) and the European Union political parties are explained in more detail.

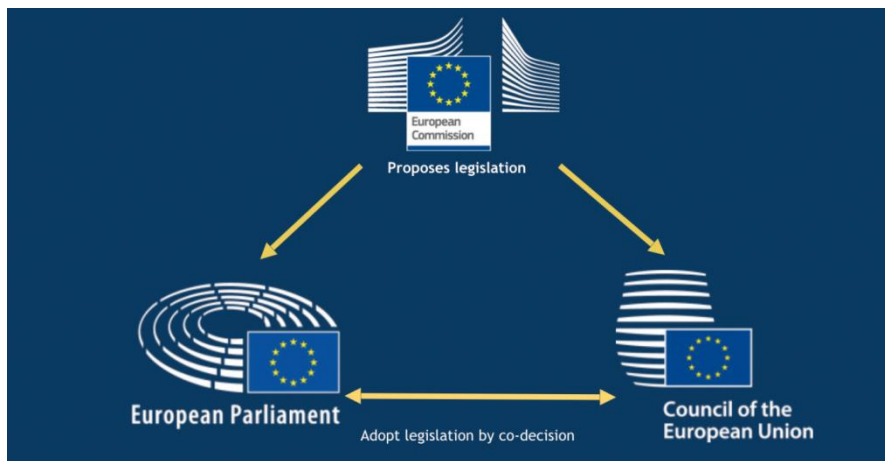


Figure 3. The institutional Triangle (European Parliament, n.d.)

The European Commission

The European Commission proposes new laws, manages the EU policies and allocates funding, enforces the EU law, and represents the EU internationally. The Commission consists of 28 Commissioners (one from each EU country), led by the Commission President (which is appointed by the European Parliament). The daily business is performed by staff (e.g. lawyers) which are organized in departments called the Directorates-General (DGs), which are responsible for a specific policy area. The DG responsible for health is at the moment DG Santé (European Union, 2019a).

The European Parliament

The European Parliament has three main roles. The first is the legislative law, it e.g. passes laws that the European Commission proposed. The second main role is supervisory, it e.g. questions the Commission and examines citizens' petitions and sets up inquiries. Their third main role is budgetary, it established the EU budget and approves of the EU's long term budget. The amount of Members of the European Parliament (MEPs) is proportionate to a Member State's population (European Union, 2019b).

EU Elections and parties

Between the 23rd and 26th of May 2019, the European elections will take place. The European Parliament is elected by voters across the European region, for a five year term. The European Parliament represents the European citizens. Over the years, the Parliament went from a solely

advisory role to gaining power in co-decision making, on an equal level with the Council (European Parliament, 2018). The MEPs sit in different political groups, which are not organized by country, but by political beliefs. These groups consists of one or more political EU party, and these parties in turn consists of member parties which are national parties. EU citizens vote for a national party (see Figure X).

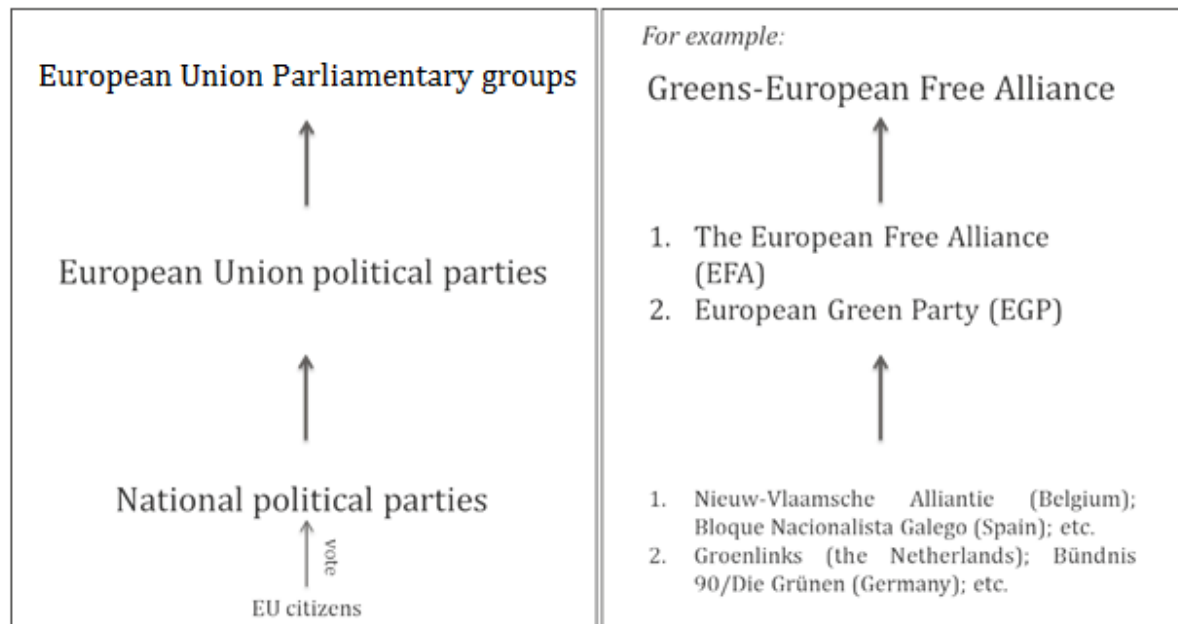


Figure 4. Composition of parties on EU level

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European Parliament (2018). *The European Parliament: Powers*. Retrieved on 07-02-2019 from <http://www.europarl.europa.eu/factsheets/en/sheet/19/the-european-parliament-powers>

European Union (2019a). *European Parliament*. Retrieved on 27-02-2019 from https://europa.eu/european-union/about-eu/institutions-bodies/european-parliament_en

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8.3 Appendix 3 Example Interview Invitation MEPs and NGOs

MEPs

Dear [name],

My name is Nina Bos, I am an intern at the European Public Health Association (EUPHA) office.

As the elections are coming up for the European Parliament, EUPHA is eager to know what plans the different EU parties have with regard to health for the upcoming five years. We are conducting a screening based on the manifestos, and in addition we would like to interview representatives of the different EU parties for a deeper understanding. The interview will be mainly about the goals and actions with regard to (public) health, past achievements, and the manifesto.

Therefor I kindly ask you, [name] as a representative of the [party], and part of the ENVI Committee, to have an interview with me regarding this topic.

I will be in Brussels from March 20th 2019 to March 22nd 2019, as I saw the ENVI Committee has a meeting on the 21st of March. If you have an available timeslot one of these days I would greatly appreciate it. I expect the interview to take 30 minutes to 60 minutes, also depending on your availability. *Would you be available Wednesday 20 March at 10am?* If you prefer another moment please let me know.

If you are not available to meet in person, the interview can also be done by phone/Skype.

If you feel that it would be better to interview another representative of your party on this topic (instead of you) I would be grateful to hear his or her name.

If you have any questions, do not hesitate to e-mail me your questions (n.bos@euphahoffice.org).

I look forward to hearing back from you, and many thanks in advance.

Kind regards,

Nina Bos

NGOs

Dear [name],

My name is Nina Bos, I am an intern at the European Public Health Association (EUPHA) office.

As the elections are coming up for the European Parliament, EUPHA is eager to know what plans the different EU parties have with regard to health for the upcoming five years. We are conducting a screening based on the parties' manifestos to eventually bring out a EUPHA statement. In addition we would like to interview representatives of civil society groups, as these are important actors in the public health agenda setting in the political arena, for a deeper understanding. The goal of the interview with you would be to gain more knowledge from a (in this case) [insert organisation] 's perspective on EU health policy (/plans of political parties).

Therefor I kindly ask you [name] as a representative of [organisation] to have an interview with me regarding this topic. If you agree, I propose to have a skype/telephone interview in the week of 25th March – 29th March 2019 at any given time in the afternoon that fits your schedule. I expect the interview to take 30-60 minutes, we can shorten if necessary.

If you have any questions, do not hesitate to e-mail me your questions (n.bos@eupahoffice.org).

I look forward to hearing back from you, and many thanks in advance.

Kind regards,

Nina Bos

8.4 Appendix 4 Consent form interview MEPs and NGOs

MEPs

Dear respondent,

First of all, thank you for your willingness to co-operate.

My name is Nina Bos, I am an intern at the European Public Health Association (EUPHA). EUPHA is an umbrella organization of national public health associations, representing over 19.000 (public) health professionals. We facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals.

In light of the upcoming elections, EUPHA is analyzing the health plans of the political parties in the EU through their manifestos and via this interview. Before the elections take place, EUPHA will publish its own manifesto to inform health professionals, policy makers, decision makers, as well as the public health researchers about the extent of the health plans and our vision on this.

In this interview you (as a representative of your party) will be asked some general public health questions, the goals and achievement with regard to health, and when applicable about the party's manifesto. The interview will last 30-60 minutes and will be, with your permission, recorded. This is to aid analyzing the information you provide. After the results have been incorporated, the recorded interview will be permanently erased. I am also asking you if you will allow me to mention your name (e.g. when quoting you). You are free to withdraw from the interview at any moment. If you are prepared to participate in the interview, please sign below. If you have any questions, feel free to ask them now.

Sincerely,
Nina Bos

- I have read the information above about participating in this interview and had enough time to read it and ask questions. My questions were answered with satisfaction.
- I am aware that participating in this interview is voluntarily and I can withdraw at any given moment.
- I give permission to record this interview (please circle your answer) YES/ NO
- I give permission that my name can be mentioned (please circle your answer) YES/ NO

I declare I want to participate in this interview.

Participant:

Researcher:

Date:

Date:

Signature:

Signature:

NGOs

Dear respondent,

First of all, thank you for your willingness to co-operate.

My name is Nina Bos, I am an intern at the European Public Health Association (EUPHA). EUPHA is an umbrella organization of national public health associations, representing over 19.000 (public) health professionals. We facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals.

In light of the upcoming elections, EUPHA is analyzing the health plans of the political parties in the EU through their manifestos and via this interview. Before the elections take place, EUPHA will publish its own manifesto to inform health professionals, policy makers, decision makers, as well as the public health researchers about the extent of the health plans and our vision on this.

In this interview you (as a representative of your party) will be asked some general public health questions, the goals and achievement with regard to health, and when applicable about the party's manifesto. The interview will last 30-60 minutes and will be, with your permission, recorded. This is to aid analyzing the information you provide. After the results have been incorporated, the recorded interview will be permanently erased. I am also asking you if you will allow me to mention your name (e.g. when quoting you). You are free to withdraw from the interview at any moment. If you are prepared to participate in the interview, please sign below. If you have any questions, feel free to ask them now.

Sincerely,
Nina Bos

- I have read the information above about participating in this interview and had enough time to read it and ask questions. My questions were answered with satisfaction.
- I am aware that participating in this interview is voluntarily and I can withdraw at any given moment.
- I give permission to record this interview (please circle your answer) YES/ NO
- I give permission that my name can be mentioned (please circle your answer) YES/ NO

I declare I want to participate in this interview.

Participant:

Researcher:

Date:

Date:

Signature:

Signature:

8.5 Appendix 5 Interview Guide MEPs and NGOs

MEPs

Introduction interview	
Topic	Questions
General questions public health	<ul style="list-style-type: none"> I am interested to hear how you understand public health in Europe? (what about prevention vs. care) Who and/or what do you consider the health multipliers in Europe? There is a rise of populism in different countries in Europe, do you think this might have implications for the health of European citizens?
Goals with regard to public health	<p><i>According to a recent Eurobarometer, 70% of the Europeans wants the EU to do more on health.</i></p> <ul style="list-style-type: none"> What is your opinion on how the EU prioritizes health issues? What do you think of the appointed EU budget for health (€413 million, 0,03% of total budget)? <p><i>The EU budget for research and innovation barely mentions health research, which might indicate a low priority on research for health.</i></p> <ul style="list-style-type: none"> How does your party feel about this? What would your party prioritise for health research and innovation? <ul style="list-style-type: none"> What would be the main priority/goal with regard to health to achieve and why? <p><i>Manifesto: a trend that I am seeing the manifestos of parties is that the focus on gender equality, migration, and the environment, some directly related to health and some indirectly related.</i></p> <ul style="list-style-type: none"> Do you think these are indeed topics that need most attention? Other big topics such as non-communicable diseases, digital health, and antimicrobial resistance do not seem to get a lot of attention, why do you think that is?
Action with regard to changing policy	<ul style="list-style-type: none"> How is your party planning to contribute to the agenda setting of these health issues? How is your party planning to achieve/contribute to these health goals? Are you planning to form coalitions and/or alliances (with advocacy groups) to have a stronger position regarding your health goals? What do you think of Health in all policies and the new initiative all policies for a healthy Europe (All Policies for a Healthy Europe is an intersectoral initiative that aims to ensure that citizen's health and well-being be a core priority for Europe and a strategic objective for the next Commission)?
Past health achievements	<ul style="list-style-type: none"> What are the main achievements that your party contributed to with regard to health policy and implementation on EU level? Do you see any missed opportunities or failures of the EU with regard to health action?
Advocacy	<ul style="list-style-type: none"> What in your view are the most influential factors to determine what health policy is important to achieve on EU level? How and when does your party get informed on health issues? How important do you think advocacy groups and scientific knowledge is for the prioritising of health?

NGOs

Introduction interview script	
Topic	Questions
Advocacy groups and EU	<ul style="list-style-type: none"> How important do you consider the European Union (EU) to be for health in Europe? Why do you think that health is not being mainstreamed in debates of EU policy? How can advocacy groups contribute to health agenda setting and policies on EU level in your opinion? What is needed for health to be set on the agenda of policy makers? How can advocacy groups help to change strong beliefs of policy makers? <i>New questions:</i> <i>What are achievements and missed opportunities you have seen from the EU with regard to health?</i> Do you have any other ideas about advocacy groups and the EU that I have not asked about but you consider important?
Upcoming elections	<ul style="list-style-type: none"> What are main health topics the EU should focus on the upcoming period (after the elections 2019-2024) in your opinion and why? How are you (or other advocacy groups) planning to contribute to health agenda setting for the upcoming elections, and if so what are the strategies? Do you (or other advocacy groups) have some sort of coalition with certain parties/groups in the parliament? To what extent do you think the results of elections can contribute or hinder the health of the European population? <i>New: There is a rise of populist parties in different countries in Europe. How could this threaten the health of the European Union citizens?</i> If we look at previous EU elections (e.g. the last period 2014-2019), how did advocacy groups increase health agenda setting?
Scientific/expert knowledge	<ul style="list-style-type: none"> Is it important for the EU to listen to scientific knowledge/expert? <i>New: To whom do you disseminate your messages?</i> <i>New: How can advocacy groups/ scientists create a receptive environment in which policy makers will listen and use evidence based information? What needs to happen "backstage"?</i> To what extent do you see the EU (this could be the Commission, Parliament or other important EU groups) listening to scientific evidence/expert knowledge on health? How does [advocacy group] translate scientific/expert knowledge and bring it to the EU? <i>New: What could threaten disseminating scientific knowledge on EU level?</i> Is there anything other important in your opinion to know related to scientific knowledge and the EU?
EPHA screening 2019	<ul style="list-style-type: none"> <i>How are you planning/doing the snapshot analysis of the parties' manifestos?</i> <i>What are topics you focus on?</i>
EPF	<p><i>EPF conducted a screening of a few EU parties in 2014.</i></p> <ul style="list-style-type: none"> <i>What were the main points that appeared of parties prioritising health?</i> <i>Do you have any tips regarding the screening?</i> <i>What is EPF doing with regard to the upcoming elections?</i>

8.6 Appendix 6 EUPHA Statement: What are the European Union political parties planning for your health?



What are the European Union political parties planning for your health?

A response to the European Union parties' manifestos

May 3, 2019

The signs are clear. All is not well with the health of the people of Europe. After decades of steady gains, life expectancy in some countries are stagnating or even going into reverse¹. Too many deaths are from causes that are avoidable with effective prevention or care (in 2015, an estimated 570,000 avoidable deaths)², and infectious diseases once controlled, such as measles, are resurgent³.

Even though growing numbers of Europe's citizens have lost faith in political institutions, they want Europe to do more to safeguard health. In a recent Eurobarometer: "70% of the European citizens want the EU to do more for health than they do now"⁴. As the citizens decide who they will vote for in the European Parliament elections between the 23rd and 26th of May 2019, we ask what the main political parties propose for our health in their election manifestos⁵.

Setting the scene

The European Union (EU) treaties place an obligation on the European institutions, to ensure that health is present in all EU policies and the EU has committed to improving the health of the population of Europe⁶. Since the Treaty of Lisbon⁷, great strides have been made in improving health of European citizens, for example the regulation of tobacco products. However, there is no room for complacency as these health gains are not equally distributed within our population⁸ and in many areas – such as non-communicable diseases (NCDs), multimorbidity, and universal access to care – there is a considerable scope for the EU to make further progress. EUPHA wishes to emphasise that the EU undeniably is a key determinant to the health of its residents⁹. Yet the budget for the health strand in the European Solidarity Fund Plus (ESF+) programme is only 0.036%¹⁰ of the total EU budget, contrary to e.g. the 0.163%¹¹ reserved for European Culture, where the EU has similar competencies. In the EU research and innovation cluster, public health is not prioritised.

The manifestos of the political parties

While some EU parties mention health more often than other parties, *health is not a main priority*. The frequency of the word (or words including) 'health' in the manifestos ranges from none (EDP and DiEM25) to 31 times (PPEU) with a mean of 8 mentions. However, 10 out of 11 parties include a number of issues directly or indirectly touching upon health, such as gender equality, education, occupational health, environment, and sustainable agriculture. Members of the European Parliament (MEPs) from the EPP, ALDE, and the EGP, who were interviewed or speakers at the All Policies for a Healthy Europe (AP4HE) manifesto launch, are keen to prioritise health at EU level. All parties seem to be looking beyond the narrow medical aspects of health to include issues such as air pollution. However, it is sometimes unclear whether they are fully aware of how other sectors impact on health. This was especially so for migration, a topic which all parties touch upon. There is only little mention of health promotion and disease prevention (PEL, EGP and PPEU). Similarly, mental health, a major burden of ill health, is barely mentioned (EGP, ECPM and Volt), and there is no attention to NCDs (except EPP who mention cancer), in a time where Europe is facing a rapidly growing burden of

NCDs. Little attention is given to specific health research and innovation or to digital health (except in the EPP manifesto); topics which are of major significance for the future of health in Europe.

Overall, EU political parties do not see health as a priority. Certain health topics are mentioned or goals are set here and there, but little can be found on reaching these goals. Some parties have set out proposals that are related to health, even if the linkages are not explicit, (e.g. EGP, PPEU and PES are more explicit on this than others) and they set out detailed plans in other sectors, such as the economy (PEL) and defence (EPP), but it is worrying that they have not given the same attention to health.

The parties that will dominate the European Parliament play a major role in setting the legislative agenda¹², so prioritising health also depends on the composition of the parliament that will emerge. *Member States need to work together* as no single country is able to tackle health issues such as vector-borne diseases due to climate change¹³ and mental health issues due to employment conditions¹⁴, on its own.

EUPHA urges members of the new European Parliament to mainstream health in political debates and place health higher on the EU agenda, including the agendas of EU political parties and groups. This is in line with the seven key asks by EU4Health¹⁵ where EUPHA was a co-signatory. EUPHA is available to provide the evidence for this.

Furthermore, **EUPHA calls for:**

- EU parties and groups to give **more attention to big health threats** in Europe such as NCDs, the obesity epidemic, antimicrobial resistance, vaccine confidence, tobacco, and mental health. The EU needs strong leadership, based on a **DG Health**.
- EU parties and groups to put more focus on **health promotion and disease prevention**. Prevention is always better than cure and prevention costs are lower than treatment costs. Every euro that is invested in health generates, on average, an economic return of 14 euros¹⁶.
- The EU to invest in **health research and innovation**. This is crucial in order to identify health gaps, to understand what is needed for creating strategies, and to set the agenda. Furthermore, the EU should foster **knowledge translation** to address the gap between the large volume of research data and the implementation of this evidence in policy and practice by key stakeholders.
- Mainstreaming health in all policies via an **inter-sectoral horizontal approach**, inter alia as proposed in the All Policies for a Healthy Europe campaign¹⁷. Just as Member States are not able to tackle health issues alone, neither can the health sector solve all health problems. Health is everywhere and **Health Impact Assessment** (HIA) can strengthen rational policy- and decision-making.
- Placing health higher on the EU agenda to reach the **Sustainable Development Goals** (SDGs), a cause the EU has committed to implement in both its internal and external policies.

These calls need to be implemented to establish a Europe attaining the highest possible level of health for all citizens. Health should be seen as an investment, as health and economic stability mutually reinforce each other. Health deserves and needs to be prioritised as it is a human right¹⁸. More collaboration and alliances, more attention to major health threats, more health promotion and disease prevention, and more research and innovation will all contribute to this. To stress again, European citizens demand the EU to do more for their health; prioritising health on the agenda is a way to bridge this gap between EU and the European citizens.

For background information on methods and results, please click [here](#).

For more information please contact Natasha Azzopardi Muscat, EUPHA president (president@eupha.org) or Dineke Zeegers Paget, Executive Director (office@eupha.org).



The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

EUPHA - European Public Health Association

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¹ Jasilionis, D. (2018). Reversals in life expectancy in high income countries?. *British Medical Journal*, 362:k3399

² European Commission (2018). *Amenable and preventable deaths statistics*. Retrieved on 12-04-2019 from

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Amenable_and_preventable_deaths_statistics&oldid=392133#deaths_from_potentially_avoidable_causes

³ Plans-Rubió, P. (2017). Why does measles persist in Europe?. *European Journal of Clinical Microbiology & Infectious Diseases*, 36(10), 1899-1906.

⁴ European Parliament (2017). *Eurobarometer Health and Social Security*. Retrieved on 18 March 2019 from http://www.europarl.europa.eu/external/html/eurobarometer-052017/default_en.htm?utm_source=POLITICO.EU&utm_campaign=6e69d6d588-EMAIL_CAMPAIGN_2017_05_08&utm_medium=email&utm_term=0_10959edeb5-6e69d6d588-1897700333#health

⁵ Published 2019 manifestos: [Party of the European Left \(PEL\)](#), [European Free Alliance \(EFA\)](#), [European Green Party \(EGP\)](#), [European Pirate Party \(PPEU\)](#), [Party of European Socialists \(PES\)](#), [European Democratic Party \(EDP\)](#), [Alliance of Liberals and Democrats of Europe \(ALDE\)](#), [European People's Party \(EPP\)](#), [European Christian Political Movement \(ECPM\)](#), [Volt](#), [Diem25](#)

⁶ Treaty on European Union (1992). *Treaty on European Union*. Retrieved on 05-02-2019 from https://europa.eu/european-union/sites/europaeu/files/docs/body/treaty_on_european_union_en.pdf

⁷ European Parliament (2018). *Public Health*. Retrieved on 05-04-2019 from

<http://www.europarl.europa.eu/factsheets/en/sheet/49/public-health>

⁸ Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2012). WHO European review of social determinants of health and the health divide. *The Lancet*, 380(9846), 1011-1029.

⁹ Bekker, M. P., Greer, S. L., Azzopardi-Muscat, N., & McKee, M. (2018). Public health and politics: how political science can help us move forward. *European Journal of Public Health* 38(3), 1-2

¹⁰ Total EU budget divided by EU budget for the health strand in ESF+ * 100

¹¹ Total EU budget divided by EU budget for European culture * 100

¹² Hix, S. (2002). Parliamentary behavior with two principals: Preferences, parties, and voting in the European Parliament. *American Journal of Political Science*, 46(3), 688-698.

¹³ Semenza, J. C., & Suk, J. E. (2017). Vector-borne diseases and climate change: a European perspective. *FEMS microbiology letters*, 365(2), 1-9.

¹⁴ WHO (2010). *Mental health and well-being at the workplace – protection and inclusion in challenging times*. Retrieved on 1-04-2019 from http://www.euro.who.int/__data/assets/pdf_file/0018/124047/e94345.pdf

¹⁵ EU4Health (2018). *Joint Statement | Europe, Let's Do More for Health*. Retrieved on 18 March 2019 from <https://epha.org/joint-statement-europe-lets-do-more-for-health/>

¹⁶ Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*, 71(8), 827-834.

¹⁷ All Policies for a Healthy Europe (2019). *All Policies for a Healthy Europe Improving citizens's well-being*. Retrieved on 12-04-2019 from <https://healthyeurope.eu/>

¹⁸ World Health Organisation (2017). *Human rights and health*. Retrieved on 26 March 2019 from <https://www.who.int/news-room/factsheets/detail/human-rights-and-health>

8.7 Appendix 7 Descriptive analysis of the 2019 European Union parties' manifestos

1. Group: European United Left- Nordic Green Left

a. Party of the European Left – For a progressive exit from the crisis (2019)

Health promotion/disease prevention

PEL discusses three different types of health related promotions, the promotion of an independent life for the disabled, the promotion of economic empowerment (for women) for a better work/life balance, they therefore call on the development of social policies, and lastly the promotion of sexual and reproductive health.

Digital health and care

PEL wants to promote the digital democracy and the cultural resources (such as digital platforms). It is unclear whether the word 'digital' here could also refer to digital health.

Gender equality

PEL urges the prohibition of discrimination based on gender. In addition PEL wants to promote LGBTQI rights such as legal recognition, marriage and child adoption rights for couples. Women need to be economically empowered by a better work/life balance. The inequality between men and women is a structural problem; sexism is produced by the patriarchal system, undermining the quality of life of women. A feminist Europe cannot be built with the existing European Treaties.

Migration

PEL finds that Europe forgot humanity, and there is a need for hospitality policies for migrants that recognizes their rights, as a fundamental part of redistributive action. Links need to be made with the sending countries to promote cooperation, a shared responsibility and solidarity based solutions for boosting economic and social integration of migrants. It is unclear whether there is a link with the health of the migrants here.

Education

(Re)-Education is needed for equality between men and women. Education is also something everyone should have equal right to, the process of education has to be free and secular with formative assessments. Standardized tests need to be abolished because they are simplistic and privilege knowledge. Other than that PEL finds that sex education and contraception has to be included in all European programs that relate to health education. Funds that are now invested in weapons should be invested in education.

Environment/Air pollution/Water

The well-being of nature and of humans should always come before profits of the capital. In addition everyone should have the right to natural resources (land, air, water and energy). For that reason the neo-liberal agenda of social and economic rights has to be rejected according to PEL. Renewable energies need to be developed as a solution to carbon-emissions.

Occupational health, work environment, unemployment

PEL wants to fight unemployment (especially for youngsters and women) and working hours need to be reduced without loss of income. Proposals will be put forward for these two goals in the interaction with trade unions. PEL stands for securing adequate salaries and universal access

to pensions, with clear measures against the increasing uncertainty of poverty. They want to secure workers' rights with a social protocol that clarifies the social rights override economic freedoms.

Agriculture (safety and quality of food or chemical substance)

Food sovereignty has to be secured through ecologically and economically sustainable agriculture. Choices need to be based on preserving local ecosystems and protecting biodiversity. International trade agreements can threaten agriculture and therefore need to be rescinded. It is unclear whether this is meant to be linked with public health too.

Social security systems/effective, accessible and resilient health systems

PEL has the goal to guarantee that for all living in Europe there is access to rights through social security systems which are managed by the public, they must not depend on markets. In addition there should be universal access to healthcare and also health protection.

Other topics

As mentioned earlier, PEL touches upon the disabled people. PEL also sets goals for sexual and reproductive health. Abortion should not be seen as a criminal act and needs free access in all Member States. There should be promotion of sexual and reproductive health and free choice of motherhood, included in all programs related to education and health (sex education and contraception).

2. Group: Greens-European Free Alliance

a. European Free Alliance (EFA) – Building a Europe for All Peoples (2019).

Gender Equality

EFA states that a core mission is "the understanding that women have diverse needs and identities" and face "greater levels of exploitation, discrimination and violence and are marginalised from the political arena" (p.15). They call upon the female underrepresentation, the need for more female leadership, economic independence, decent work opportunities, addressing new forms of violence, gender-sensitive public policies, more services that protect women when seeking help, improved access and safety in healthcare systems. EFA wants discrimination laws to be expanded to fields such as health care. EFA demands the EU for improving antidiscrimination laws and mainstreaming gender in all fields.

Migration

EFA wants to see strong solidarity with countries and regions at EU borders when it comes to migration and wants every member state to be involved in inclusive policies for migrants. It is unclear whether there is a link with the health of the migrants here.

Education

EFA wants to work on measures that improves education and employment for youngsters. Education is seen as a key pillar for any policy that is aimed at young people. High-quality education at all levels is needed for good professional development and will help to enrich life.

Environment

EFA aims to protect humans from the environmental risks to their health. To achieve this the fossil fuels and CO₂ has to disappear and an ambitious energy policy has to be set in place that is in line with the Sustainable Development Goals.

Occupational health, work environment, unemployment

As mentioned below *education* EFA wants to improve employment for young people. They call on immediate protection of labour rights and decent income to encourage development of fair professional life. EFA wants to address policies for this to create a successful environment for the youth.

Agriculture, safety and quality of food or chemical substances

EFA acknowledges that human activity on the environment poses a risk to European citizens health “such as the prohibition of genetically modified organisms and glyphosate” (p.12). There needs to be more interest in the national and regional agriculture which is in line with EU’s climate goals.

Effective, accessible and resilient health systems

EFA calls for improved access and safety in healthcare systems for women and they want to see expansion of prohibition of discrimination in areas such as healthcare.

b. European Green Party – Time to renew the promise of Europe (2019)

Health promotion/disease prevention – mental health and physical health

EGP wants to focus more on the prevention of both mental and physical health problems, and not only on the treatment.

Digital health and care

EGP finds that seizing opportunities if digitisation, artificial intelligence (while also addressing the risks) can strengthen Europe’s economy and sees untapped potential. It is unclear whether this is also meant to link to digital health.

Gender Equality

Gender equality is at the heart of EGP. EGP acknowledges the unequal access to sexual and reproductive health and rights for women, and want to guarantee “free and accessible, good-quality and safe sexual and reproductive healthcare and services for all, including abortion” (p.12). The EU needs to fight gender-based violence and all countries should implement the Istanbul Convention. Also, people who belong to gender/sexual minorities should enjoy equal rights across Europe.

Migration

The EGP urges to find an alternative to the current Dublin system (leaving Member States responsible for refugees). They want the EU to support countries, regions and cities in welcoming the refugees, who should be guaranteed access to legal help. EGP also wants to introduce resettlement and humanitarian visas for the refugees. Refugees and migrants need to be treated with dignity and respect. Helping refugees should never be criminalised. It is unclear whether there is a link with the health of the migrants here.

Drugs

The EGP wants to see a drug policy that is based on evidence. Countries should help, and not punish, people who are suffering from substance abuse.

Education

The EGP sees education as a tool to improve lives and enables to understand and engage with

society. On the long term they would like to see free and accessible education for everyone, to reduce inequality in education.

Housing

The EGP wants to see access for everyone to housing and look for a European Approach for a public housing policy.

Environment: air pollution, chemicals, water and sanitation

The EGP pays relatively large attention to the environment. The EGP is elaborate on the (healthy) environment and also touches upon that it affects human health, e.g. "Today, air pollution alone causes more than 400,000 early deaths every year in the EU – and weakens the quality of life for millions more" and "Banning dangerous chemicals helps prevent health problems"(p.3). They also call for environment justice, as low-income communities often get hit hardest by environmental damage. Everyone needs to have the right to the commons such as clean air and water. They set out many strategies, including realising the Paris Agreement, a European climate law, and more climate funding.

Occupational health, work environment unemployment

The EGP wants everyone to have the right to a decent income. Work life must be safe, healthy and fair. The EGP touches upon work related stress as one of the main causes of lost working days and workers being ill. The EGP calls for EU legislation that addresses psychosocial health risks better. They also want it to be easier to reduce and redistribute working hours if workers desire so, (e.g. with parental leave). Lastly all countries need to secure paid sick leave for workers.

Agriculture, safety and resilient health systems

EGP states that the way we produce and consume food makes a difference to our health. They call for an agricultural policy that is sustainable, organic with agro-ecological solutions, to (among other things) keep our food safe. EGP wants to reduce meat consumption to increase the more healthy and sustainable plant-based diets.

Social security systems: Effective, accessible and resilient health systems

The EGP wants to secure social rights, such as access to healthcare for everyone. They find that the EU should drive Member States to have "universal health coverage, reduce health inequalities and ensure access to medicines. We want more focus on preventing both physical and mental health problems, not just treating them" (p. 6).

Health Research and Innovation

The EGP wants Europe to be the world leader in (both education and) research. They want to increase funding for research and innovation to meet the big societal challenges. It is unclear if they want to include health research and innovation in this.

Other topics

People with disabilities have to be included in decisions which concern them.

3. European Pirates party – Pirate Common European Elections Programme 2019

Disease prevention

The PPEU mentions preventative care as part of the right to attain the highest attainable standard of quality of health care.

Migration

PPEU is short on migration, and it is unclear whether it is linked to migrants' health. They set out actions for an immigration and asylum policy.

Drugs

The PPEU wants the EU to create a more science-based view on substances by setting up a framework facilitating this scientific approach. They also want to advocate for legalization and regulation of cannabis in the Member States.

Education

The PPEU dedicates a whole section to Education (and Culture, Research and Free Knowledge). Education is seen as a prerequisite for the social, technological and economic development of the society. They want to create an environment "where the motivation to create goes hand in hand with the freedom of information" (p.4).

Housing

Adequate housing is mentioned as an underlying social determinant of health.

Environment – air and water and sanitation

The PPEU names among other things, potable water, basic sanitation and a healthy environment as social determinants for our health. PPEU supports the aims and principles declared by the EU to safeguard our water and air for the sake of our health and well-being. They set out different actions for more effective implementation and enforcement. For example a more scientific approach that is mandatory in any environmental decision-making progress.

Occupational health, work environment, unemployment

The PPEU names safe and healthy working conditions as a social determinant for our health. They continue to dedicate a section to the free movement of workers and how the EU has to overcome administrative obstacles with e.g. the healthcare system. They encourage Member States to removing these barriers by harmonising social security systems and public healthcare systems (especially the payment).

Agriculture, safety and quality of food or chemical substance

PPEU urges for a strong role of the Committee of Agriculture and Rural Development, taking lessons learnt from past mistakes into EU agricultural policies. They set out other different actions to achieve sustainable and healthy food production for all.

Social Security Systems – effective, accessible and resilient health systems and cross border health care

The PPEU wants all health services to be available, accessible, and of good quality, with universal health care for all. Also there should be easier cross-border care. Other goals that are set are: health goods and services affordable for everyone (regardless of income), transparent health laws and policies, reducing patents for medicine, and an EU health card for the world.

Other topics

PPEU discusses patent provision and how universities or research institutes "should be able to carry out scientific research for health and medicine without being encumbered by patents" (p. 7).

4. Group: Progressive Alliance of Socialists and Democrats

a. Party of European Socialists – A New Social Contract for Europe (2019)

Digital health and care

PES wants our societies to harness the digital revolution and that we must guarantee the citizens' wellbeing and ensure social progress in which no one is left behind in the green and digital transitions. We should benefit from the digital revolution and artificial intelligence. It is unclear whether if this is also meant to be linked to digital health and care.

Gender equality

PES wants a binding EU Gender Equality Strategy that will lead the fight to end pay and pension gaps, combats sexual harassment and gender-based violence, and ensures every individual has full access to their sexual and reproductive rights. They will be relentless in their fight to end all forms of discrimination.

Migration

PES urges the EU for a fair common migration policy that is based on shared responsibilities and solidarity among Member States (and cooperation with the states of origin). A fair migration system will benefit all. To fight human trafficking and criminal exploitation there need to be safe and open channels, and new partnership with Africa (a comprehensive, European Investment Plan for Africa). It is unclear whether there is a link with the health of the migrants here.

Education

Education is a right and should be accessible to all. PES is planning to continue to support and reinforce Erasmus+ that can benefit all people from all social backgrounds. PES also wants to reach goals of youth employment by extending the Youth Guarantee.

Housing

By improving energy efficient housing citizens' quality of life can be increased. PES will promote a Plan for Affordable Housing and Clean Public. They also mention that every child needs access to housing.

Environment: air pollution, chemicals, water and sanitation

PES's vision is to stop pollution, to have clean air, water, energy, and quality food must be accessible to all. By improving the air quality the citizens' quality of life be improved. Europe must be a leader in fighting for the environment and tackling the climate change. PES defines multiple measures such as that the EU has to adopt a Sustainable Development Pact with social and ecological goals which do ensure economic targets but do not harm the environment.

Occupational health, work environment, unemployment

PES wants to protect people when they fall sick and lose their jobs. There need to be social safety nets that among other things protect the unemployed. An effective social dialogue with trade unions is seen as the best way to protect working people and to increase wages.

Agriculture, safety and quality of food or chemicals

As mentioned under environment quality of food must be accessible to all. PES wants to fight for a guarantee of "accessible, healthy and good quality food, safe products and an end to damaging exposure to toxic chemicals" (p. 2). There needs to be a reform of the EU agricultural policy to help the new social demands, such as sustainable production, better nutrition, less food waste, animal welfare, and the preservation of biodiversity.

Social security Systems: effective, accessible and resilient health systems

PES touches upon the right to quality healthcare and they put a focus on children's need to access to quality healthcare. For children to increase access and quality they will implement the European Child Guarantee.

Health Research and Innovation

PES wants Europe's industrial strategy to invest in research and innovation, which will support among other things life-long learning. It is unclear whether meant to be linked to health research and innovation as well.

5. Group: Alliance of Liberals and Democrats for Europe

a. European Democratic Party (EDP)

Gender Equality

Gender equality between men and women and equity in terms of access to employment and equal wages is mentioned by the EDP.

Migration

The EDP sets out several approaches for migration matters; e.g. common management of external borders, cooperation with countries of origin and transit and the harmonization of the right to asylum. It is however unclear whether it is meant to be linked to migrants' health as well.

Education

The EDP mentions the investment in education (and exchanges) as one of the major keys to the future.

Housing

The EDP wants proposals to be made for the housing market.

Environment

The EDP discusses extensively discusses climate change with many actions. It is however unclear if they also link the environment with human health.

Occupational health, work environment, unemployment

Working conditions, minimum wages, a guaranteed minimum income and minimum pensions are mentioned to be included in a European roadmap for the development of the social pillar that links with the internal market.

Other health topics

The long-term care for the elderly is mentioned as part of concrete proposals for the European Pillar of Social Rights.

Agriculture, safety and quality of food or chemical substances

Just as with the environment, the EDP discusses quite intensively the agricultural sector, in which the EDP calls for a productive model of agriculture combining ambitious economic and environmental objectives. They mention failed policies should not return, insisting that this should not be made at the expense of food security and quality.

Health Research and Innovation

The EDP wants to invest more in research and innovation and sets out several actions, they however do not touch upon health research specifically.

b. Alliance of Liberals and Democrats for Europe – Freedom Opportunity, Prosperity: the Liberal vision for the future of Europe

Digital health and care

ALDE sees the future as digital and we therefor need to harness to the full potential of innovative technologies. The EU has to build a fully functioning Digital Single Market. They want to encourage competition among companies. Artificial intelligence has to be used in economy and in the public life. It is unclear whether it is meant to link to digital health and care as well.

Gender Equality

One of ALDE's priorities is combatting gender-based violence and sexual harassment in the Member States. ALDE calls the EU to ratify the Istanbul Convention. "Women's sexual and reproductive health and rights are human rights, and the Member States of the EU needs to provide all women with accessible, affordable, good- quality sexual and reproductive health care and services." (p. 2).

Migration

ALDE wants a new European Response to the migration system, based on a long-term vision. First, the EU needs to support countries hosting refugees. Second, the EU has to facilitate the refugees' resettlement in a safe legal way. Third, ensure the return to these safe countries. It is unclear whether there is a link meant with the health of the migrants here.

Education

ALDE wants to invest in education and promote education that focuses among others on critical thinking, and matches the labour market.

Environment

ALDE wants the EU to be a global driver to tackle climate change and a driver for an international Paris Agreement to be able to leave a healthy planet for the children. ALDE mentions we all depend on food, air and water. They do not bring the environment clearly in relation with health of citizens.

Occupational health, work environment, unemployment

Unemployment is mentioned as a profound challenge.

Agriculture, safety and quality of food or chemical substance

ALDE wants a clear Common Agricultural Policy that tackles challenges such as antimicrobial resistant and food security, and promotes environmental friendly agriculture. They aim to reform and rethink the agricultural policies and reform the Common Agricultural Policy.

Health Research and Innovation

ALDE urges to invest in research and innovation. They for example want to see more home-grown scientific research and reduce the time to grant funding to EU funded research and innovation projects. It is unclear whether ALDE wants more health research and innovation.

Other health topics

ALDE mentions the rapidly ageing population as a challenge.

6. Group/party: European People's Party: Lets open the next chapter for Europe together.

Digital health and care

The EPP touches upon the need to seize the digital wave and take the lead in e.g. biomedicine.

Gender Equality

The EPP wants to create equal opportunities for women in the labor market by and have equal pay. They believe that by facilitating the choice on how parents want to balance their work and care responsibilities more fairness for both men and women and well-being for the family will be achieved.

Migration

The integration of recognized refugees needs to be improved and therefor a solid integration policy is needed to prevent parallel societies, therefor best-practices should be shared among Member States. The EPP also wants to reform the Common European Asylum System which will, among other things, guarantee timely processing of asylum applications. They also want to increase the funding for making sure illegal immigrants are returned or repatriated. It is unclear whether there is a meant link with the health of the migrants here.

Housing

They mention the impossibility of affordable housing preventing young Europeans from starting a family.

Environment

Climate change is discussed by the EPP but not in direct relation to health. They want to put an effective on CO2 and have technological solutions and build a true Energy Union.

Health and safety at work

The EPP addresses that too many European citizens struggle to find work opportunities. They want to increase the European Fund for Transition to help people who have lost their jobs

Consumer safety

The EPP wants to ensure that the rights of consumers are not undermined and are provided with reliable and scientifically validated information that apply to new services and products.

Agriculture, safety and quality of food or chemical substance

The EPP prizes the that Europe has the best-quality food in the world. They want to agricultural policy to ensure that our children also van enjoy this. They call for a well-funded Common Agricultural Policy that fits the 21st century to make sure small and medium sized family farms are able to keep their production competitive and sustainable. They set several actions out for this.

Effective, accessible and resilient health systems

They shortly touch upon how they will support bringing telemedicine to rural communities because everyone should have access to the best doctors available.

Research and Innovation

The EPP wants to reassure citizens that technological innovations are beneficial for healthier lives. They want to lead in e.g. biomedicine. They name the creation of the European Master Plan tool to pool joint resources and data to find a cure for cancer as an example.

Other topics

The EPP wants to fight against arising threats such as the ageing population, antimicrobial resistance and chronic and infectious diseases.

7. Group: European Conservatives and Reformists

a. European Christian Political Movement – Strong Values, Strong Nations, Strong Europe (2019).

Mental Health

ECPM states that they believe life coaches for mental health and the palliative care life can be dignified until the end. They also ECPM want to tackle loneliness in the elderly, as the elderly need to be treated with respect and gratitude for the work they did in their lives.

Migration

The ECPM believes that the EU Member States should cooperate to support children regardless of their status; the care refugee children receive is a key factor in their long-term adjustment and should be regulated at national level. The ECPM states that refugees and migrants that come to EU Member States need education in our understanding our values. They find it important that the EU engages stronger with the political and society actors of the Middle East, North Africa and Central Asia. It is unclear whether ECPM means to link to migrants health as well.

Education

Education is important for children and their future. ECPM however thinks it not up to the EU to interfere with school programs, or to decide over such topics. They do however want the EU to support member states to raise the average education level. ECPM states that love, solidarity, willingness to sacrifice for others and faithfulness needs to be promoted via educational policies, as these will in turn lead to healthy families and a healthy society.

Environment

ECPM stresses that we have a responsibility to protect the environment for the future and current generations. Collaboration with other member states is needed and technological innovation can be used to minimize the negative effects and protect the environment. In addition they state that every state has a responsibility to respect the Paris Convention, because the health and existence of present and future generations is at stake.

Agriculture, safety and quality of food or chemical substance

To ensure food safety there is a need for solid rules and monitoring of the agriculture.

Health Research and Innovation

Besides some concerns ECPM shows in research and innovation they do believe it can further strengthen the position of the EU in the technology hub. ECPM spends much attention in what directions governments should invest, but it is unclear whether this also links to health research and innovation.

Other topics

ECPM would like to see investments in the care of elderly, and want customized care to be prioritized, family members should get financial support for the work they do. ECPM also believes the palliative care should be supported. The online sexual exploitation of children worries the ECPM, therefor they call upon the EU to complement Member States in improving child protection.

8. Group: Europe of Freedom and Direct Democracy (no subparty) No manifesto

9. Group: Europe of Nations and Freedom

a. Movement for a Europe of Nations and Freedom (MENF) No manifesto

10. New parties

a. VOLT – the Amsterdam Declaration 2019

Gender Equality

VOLT wants to legally enforce the representation of women publicly-listed corporate boards by 2025. Business should also report on gender pay and gender balance. Everyone needs to get the same procedures, rights and unions, including marriage for all.

Mental Health

Mental health is mentioned in the context of digital environments.

Migration

Volt wants to set up a Unified EU Refugee System and reform the Dublin System and complemented by a settlement scheme that provides penalties for Member States refusing to fulfil responsibility. They discuss that the asylum system needs to be fair, effective and quick, with a successful integration into the economy. It is unclear whether Volt means to link to migrants health as well.

Education

Volt sees education of the citizens as a core priority as it allows for the creation and sharing of knowledge. They want to enable people to experience different European countries (ERASMUS+), extending lifelong learning for all (through professional and personal life), and bring education to the next level by increasing the funding for teachers and introducing new teaching methods.

Housing

Housing should be made affordable. Funds should be available for social housing for lower-income groups, and Member States are urged to subsidise shared social living.

Environment

Volt discusses the green economic transformation and the fight against climate change with actions that need to be taken such as an EU wide carbon tax, introducing smart energy, kick-start the circular economy, stop plastic-based pollution. It is unclear whether Volt links to human-health here.

Health and safety at work

Volt wants to tackle unemployment, promote entrepreneurship and access to opportunities to

be easier. They want to do this. among other things, by channelling EU funds in challenged regions to create jobs, increase public spending on professional and vocational education, making it easier to find a job by setting up a European Labour Platform, and to adopt a minimum income above poverty level in all Member States.

Agriculture, safety and quality of food or chemical substance

Volt shortly touches upon sustainable agriculture by refocusing the Common Agricultural Policy from big producers to smaller producers, using ecological approaches. They also want to ban pesticides and neonicotinoids.

Other topics

Volt wants to legalize free abortion and free contraceptives in all Member States.

b. Diem25 – European New Deal 2019

Diem25's manifesto does not mention health. It once mentions migration, but that is it. The manifesto is mainly about their approach to democratising Europe. They do have another document called Diem25's European New Deal in which more specific goals are set out.

8.8 Appendix 8 European Union competencies with regard to health

	Area	Competence
Direct power to health	Public health	The EU has a shared competence with Member States “common safety concerns in public health matters (TFEU, Article 4, paragraph 2(k))” for the wider objective of “protection and improvement of human health (TFEU, Article 4, subparagraph (a))”, the EU may only “support, coordinate or supplement Member States’ action” (TFEU, Article 6). There is specific reference to tobacco and alcohol (Greer et al., 2014 p.20).
	Environment	The EU has broad objectives for the environment, which includes health. “[...] preserving, protecting and improving the quality of the environment, protecting human health [...]” (TFEU, Article 191, paragraph 1) (Greer et al., 2014 p.21).
	Health and safety at work	The first EU’s social policy objective is “improvement in particular of the working environment to protect workers’ health and safety” (TFEU, article 152, paragraph 1(a)). EU’s power is limited to “directives, minimum requirements for gradual implementation, having regard to the conditions and technical rules obtaining in each of the Member States. Such directives shall avoid imposing administrative, financial and legal constraints in a way which would hold back the creation and development of small and medium-sized undertakings.” (TFEU, Article 153, paragraph 2(b)) (Greer et al., 2014, p. 21).
	Consumer protection	Objectives of the EU with regard to consumer protection include “the health, safety and economic interests of consumers” (TFEU, Article 169). Examples relating to this are food safety, labelling, and nutritional health claims which are achieved through internal market legislation (Greer et al., 2014, p.22).