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# Public Health in Europe: the role of Non Governmental Public Health associations in public health policy development.

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# Public Health in Europe: the role of Non Governmental Public Health associations in public health policy development

## **Abstract**

**Background:** There is an essence to shift our thinking from health in Europe to European health. NGOs, specifically umbrella organizations can play a vital role in this regard. Influence of NGOs as advocates for policy development is not a new topic, but wondering if the strength of their advocacy is strong enough to have a European Public Health Policy and if the newer member states with different socio-economic situation are capable of complying with EU white paper and WHO strategy 'Health 21'.

**Aim:** Aim of this paper is to understand better the role of national and international organizations in policy formation on European level.

**Method:** EUPHA is taken as an example for International non-governmental umbrella association as this is a well-known and reputed organization, which covers almost whole of Europe. Answers, from an electronic survey questionnaire sent out to the members from EUPHA, were analysed by cross tabulation, existing literature were taken into account to come to a conclusion.

**Results:** analysis show that most of the members work on research-training and policy level. The members want EUPHA and other collaborations like EPHA, ASPHER to act as strong advocates for policy development and provide them support in both national and international level.

**Conclusion:** Umbrella organizations, both national and international, have a big influence on policy process by having dialogues with European Commission at international level and at local level by identifying the lacking and requirement of the members in public health issues, giving input in the identified sectors, through which can interact and influence formation of public health policy.

**Keywords:** NGO, public health policy, EU, umbrella organizations, EUPHA

## Table of Contents

1.	Introduction.....	6
2.	Background.....	7
	2.1. Public Health in Europe.....	7
	2.1.1 Key stakeholders in European public health.....	7
	2.1.2 Importance of European collaboration.....	9
	2.1.3 Challenges of European public health.....	9
	2.1.4 Policy and governance at different levels.....	10
	2.1.5 Health in all policies .....	11
3.	Aim.....	12
	3.1 Specific questions.....	12
4.	Methods.....	12
5.	Results.....	15
	5.1. Role of public health NGOs in health policy development at different levels.....	15
	5.2. Expectations of member associations from EUPHA.....	15
	5.3. Priority issues/key activities of the member association.....	16
	5.4. Role of EUPHA in forming European public health policy.....	18

5.5.	Comparing	
results from two surveys 1999 and 2010.....		20
5.6.	Other	
findings.....		22
6. Discussion.....		23
6.1.	NGOs role	
outside or inside the governmental structure.....		23
6.2.	Policy making	
process.....		25
7. Further studies.....		27
8. Generalizability .....		27
9. Conclusion.....		27
10.		
Acknowledgement.....		27
11. References .....		28
12. Annex		
1.	Mapping	
questionnaire.....		32
2.	Survey method	
from 1999.....		39
3.	Key activities of	
members considering four pillars of EUPHA.....		40

**List of abbreviations used in the text:**

**AIDS:** Acquired Immunodeficiency Syndrome

**ASPHER:** Association of schools of public health in the European region

**CEE:** Central and Eastern Europe

**CSO:** Civil Society Organizations

**EC:** European commission

**ECDC:** European Centre for Disease Prevention and Control

**EHMA:** European Health Management Association

**EJPH:** European Journal of Public Health

**EPHA:** European public health alliance

**EU:** European Union

**EUPHA:** European public health association

**GO:** governmental organization

**ICT:** information and communication technologies

**HIV:** Human Immunodeficiency Virus

**NGO:** non-governmental organization

**PHIRE:** Public Health Innovation and Research in Europe

**STEPS:** Strengthening engagement in public health research

**SPHERE:** Strengthening public health research in Europe

**UN:** United Nations

**WHO:** World health organization

## 1.

## **Introduction:**

### ***Public health, definitions, issues:***

Public health is one of the efforts organized by society to protect, promote and restore people's health. It is the combination of science, skills, and beliefs directed towards the maintenance and improvement of the health of whole population through collective and social action (1). The programmes, services and the institutions that are engaged in public health aim in prevention of disease and the health needs of the population as a whole. Health activities change with newer technologies and values of the society, but the goals remain the same that is reduction of amount of disease, premature death, disease-produced discomfort, sickness and the disability in the population (2).

The main aim of health policies has been to improve the health status of the population. This means an understanding of human health and disease to define the major biological, political, social, environmental, and lifestyle factors influencing health status and burden of disease.

The risk factors may differ between countries, but the principle of investigation, influence on health, and methods of control are the same (3).

Non-governmental organizations (NGOs) have been defined by the World Bank as 'private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development'. NGO activities can be local, national or international. NGOs have contributed to the development of communities around the world and are important partners of many governments – while remaining independent from governments (4).

Health in Europe is better than ever before, yet there remain significant challenges of premature disease – with geographical variations, among social groups and for minorities and care for an ageing population. And while cardiovascular disease, cancer and injuries are not overcome, new diseases of behaviour like HIV/AIDS and obesity are arising. So, health systems for prevention, treatment and care need to be improved, focusing on effectiveness, efficiency and equity (5).

After the approval of the Maastricht Treaty and adoption of the Amsterdam Treaty, the EU was awarded specific jurisdiction in the area of public health. Certain public health issues involve the question about whether the community organizations are capable of protecting the health of European citizens and have given rise to significant debate on the process of European integration (6).”The European Union has stated that it is pursuing a high level of health protection and public health, however, the policies that can contribute to these goals include almost the entire breadth of European Union activities” (7). Though European Union is expanding, but no effective initiative was taken to unite public health professionals from all over Europe to form a unique European Public Health System. It is mainly the initiatives of the non-governmental organizations that organize conferences and other types of meetings of the public health professionals from time to time. National public health associations play central role in developing policies in their own countries and international associations could play a vital role in developing health policies on a European scale. As for instance, the network formed by member associations and organizations of EUPHA has definitely triggered increased dialogue between public health professionals and European decision-makers or politicians (6).

The recent economic problems within EU and the crisis in Greece illustrate a similar problem. Greece's problems became Europe's collective problem. To preserve the stability of the Eurozone, Germany had to transfer money to Greece. EU institutions are not set up to facilitate such a deal. And if they were, the process would signal a move towards fiscal and political integration for which there is no mandate in any member state. The crisis questioned the future direction of the EU (8). It was pointed out that the EURO is the only currency in the world that does not have a minister of finance. Similarly, it is difficult to implement a common public health policy in EU without a unique regulatory system.

## **2. Background:**

### **2.1. Public Health in Europe:**

Public health in Europe is extremely heterogeneous. This diversity gives at a European level strengths and weaknesses. Strength in sense that diversity gives different perspectives from which an issue can be seen and choose different approaches to common problems, and the

weakness in the sense that difficult to speak in a single voice with this diverse community (9). Public health indicates a population-level approach with a scope of society-wide benefits (5). The current goals for public health in Europe are to improve health through more effective programmes and to understand better the causes of continuing disease and disability (10).

In order to understand the public health in Europe, it is necessary to understand following concepts:

**Europe:** it can be defined in different ways: Geography, administratively, politically. Europe is, by convention, one of the world's seven continents. Yet the borders for Europe—a concept dating back to classical antiquity—are somewhat arbitrary, as the term *continent* can refer to a cultural and political distinction or a physiographic one.

### 2.1.1. Key stakeholders in European public health:

When it comes to health policy, some different European constellations should be defined. They can be divided into governmental and non-governmental organizations.

#### **Governmental bodies:**

The following main governmental bodies are important for public health policy and planning in the Europe:

**EU:** The **European Union (EU)** is an economic and political union of 27 member countries, located primarily in Europe. Committed to regional integration, the EU was established by the Treaty of Maastricht on 1 November 1993 upon the foundations of the European Communities (11). With over 500 million citizens, the EU combined generates an estimated 28% share (US\$ 16.45 trillion in 2009) of the nominal gross world product and about 21.3% (US\$14.8 trillion in 2009) of the PPP gross world product (12).

**The European Commission** is the executive body of the European Union. The body is responsible for proposing legislation, implementing decisions, upholding the Union's treaties and the general day-to-day running of the Union (13). Together with the Member States, the EU works to protect and promote the health of European people. For the Commission, health is a key priority.

**Euro-zone:** officially the **euro area** is an economic and monetary union (EMU) of 16 European Union (EU) member states which have adopted the euro currency as their sole legal tender. It currently consists of Austria, Belgium, Cyprus, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, the Netherlands, Portugal, Slovakia, Slovenia and Spain. Eight (not including Sweden, which has a *de facto* opt out) other states are obliged to join the zone once they fulfill the strict entry criteria (14).

The **Schengen Area** comprises the territories of twenty-five European countries that have implemented the eponymous agreement signed in the town of Schengen, Luxembourg, in 1985. The Schengen Area operates very much like a single state for international travel

purposes with border controls for travellers travelling in and out of the area, but with no internal border controls.

**ECDC:** The **European Centre for Disease Prevention and Control** is a specialist agency of the EU with the aim to strengthen Europe's defence against infectious diseases, established in 2005 and seated in Stockholm, Sweden. Since 2007 ECDC has experts in place covering all of the 49 infectious diseases that are notifiable at EU level.

**WHO EURO:** The World Health Organization (WHO) Regional Office for Europe works with all 53 countries in Europe with over 880 million people. WHO EURO shares a common goal: ensuring that the Region's citizens enjoy better health. WHO EURO cannot itself create public health policy for Europe but actively participates in research by providing funds, implementing various intervention programmes and projects, holding discussions and influence in making policies.

### **Non-governmental bodies:**

The following non-governmental organizations are the major players in the European public health scene

**ASPHER:** Association of Schools of Public Health in Europe - is the key independent organisation in Europe dedicated to strengthening the role of public health by improving education and training of public health professionals for practice and research.

**European Observatory on Health Systems and Policies:** the European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe.

**EHMA:** the aim of the Association is to improve health management and health policies through the development and exchange of both ideas and practices among academics, researchers, managers, clinicians, policy makers and consumers throughout Europe.

**EUPHA:** The European Public Health Association or EUPHA in short, is an umbrella organisation for public health associations and institutes in Europe. EUPHA was founded in 1992 by 15 members (12 countries). EUPHA now has 72 members from 42 national associations of public health, 15 institutional members, 8 European NGOs, 7 individual members. EUPHA is an international, multidisciplinary, scientific organisation, bringing together around 12'000 public health experts for professional exchange and collaboration throughout Europe. EUPHA encourage a multidisciplinary approach to public health, this organization has been working to bridge public health research, practice and policy making.

### **2.1.2. Importance of European collaboration:**

According to the 'White paper' -  
'Health is central in people's lives and needs to be supported by effective policies and actions in Member States, at EC and at global level.... there are areas where Member States cannot act alone effectively and where cooperative action at Community level is indispensable.

These include major health threats and issues with a cross-border or international impact, such as pandemics and bioterrorism, as well as those relating to free movement of goods, services and people' (15). Here the role of umbrella in making new and effective public health policies is to be played by the national public health association. National associations can in parallel be the lobby to work with powerful organizations like EUPHA to construct European Public Health policies. A public health infrastructure is essential to develop policies and to implement them. Such infrastructure should provide both strategic and technical leadership. It must develop partnership with communities and organizations across different sectors that support the delivery of public health services and programmes (16).

The EC and its Member States can create better health outcomes for EU citizens and for others through sustained collective leadership in global health. This follows from the Article 152 calling for cooperation with third countries and international organizations in public health and from the Commission's strategic objective of Europe as a World Partner (17).

Thus, while central authorities have recognized the need for collaboration with non-governmental partners, it is important to clarify the role of such bodies in public health field of Europe.

### **2.1.3. Challenges of European public health:**

European Union is becoming larger with newer members mostly from eastern and southern part of the continent and obviously a question of health and wealth arises. Newer members have a different situation with regard to finance, health system and public health from the older member states, which seem to have a more or less similar situation on these grounds. For instance, although most Europeans take clean water for granted, millions of people still lack a regular supply of safe water, and diarrhoeal diseases kill over 13 000 children annually in central and eastern Europe. In the poorer financially states, the equity and inequality issues are very prominent, and risks of obesity, respiratory disease, road traffic accident are much higher, resulting in 1 in 10 children will be obese – a total of 15 million across Europe by 2010, a recent French study shows that children from poorer family background can be exposed to up to 25% more traffic-related air pollution than those in the least deprived group, moreover five out of six childhood deaths from injuries occur in poorer countries, but poor children living in affluent western cities suffer and die from injuries up to five times more than their wealthier peers (18). As a result, a crisis in a newer member state would put not only itself but the whole EU under potential threat.

Health and Europe was never an easy issue. The limited mandate for health following the Maastricht Treaty is quite new. Most of the Ministers of Health from different member states are still reluctant to the idea that Europe might play a role in their work (19). The latest challenge to European Public health is the issue of cross-border health care a 'confusing landscape', which is not a big economic issue, but politically it is and achieving a solution seems very difficult. There is no existing policy on this issue, though, in January 2011, a proposed directive has been approved, but whether it offers a solution remains to be seen. A tension persists between the Council of ministers and the European parliament. Questions like pre authorization, quality and safety of health care (drugs, technologies, procedure and personnel) follow ups, information on cross-border care, pre-payment, subsidiary and reimbursement etc. are yet to be answered (20).

#### **2.1.4. Policy and governance at different levels:**

According to Kickbusch (2006), the current global health crisis is not due to disease, but of governance, characterized by weakening of policy and interstate mechanism as a result of global restructuring. National public health associations should take the lead to establish the new parameters of global health governance and put public health as a global good by organizing ‘National Global Health Summits’ to discuss the possible way to find the needed political process (21).

NGOs in Europe face the dual requirement of needs and priorities on national level on the one hand and those on European level on the other. Since a European NGO needs national associations to work for the common European good, a consultation and communication process is needed to stimulate national organization to invest time and energy also to work at European level. This is actually the same balance as any nations are facing when having to consider both national needs and demands and European ones.

To ensure high level of human health protection in the definition and implementation of all Community policies and activities, to reinforce the political importance of health and to develop a new health strategy, broad consultations were held in 2004 and second in 2007 on operational aspects and priorities of a future strategy (22). These show a consensus among stakeholders about how the Community should carry out its role in health. They want to see health concerns integrated into all EC policies; to see work to reduce health inequities; to play a strong role in global health; and to put a focus on health promotion and on improving health information. They stress the need for the EC, Member States and stakeholders to work together to achieve real results (15). In 2007, the European Commission published the Health Strategy (Together for Health: A Strategic Approach for the EU 2008-2013). Even if the strategy still is a reaction to the health problems we face today; it can also be seen as the start of a discussion what European Public Health could be (19).

#### **2.1.5. Health in all policies:**

The people’s health is not a concern for health policy alone. As is stated in the ‘White Paper’, other Community policies also play a vital role, for example regional and environment policy, tobacco taxation, regulating pharmaceuticals and food products, animal health, health research and innovation, coordinating social security schemes, health in development policy, health and safety at work, ICT, and radiation protection, as well as coordination of agencies and services regulating imports. Developing synergies with interdisciplinary approach is essential for a strong Community health policy, and many sectors will be cooperating to fulfill the aims and actions of this Strategy (15).

In summary, what has been described above can be outlined in the following conceptual framework, which outlines the role of various types of players in the European Public Health

scene. They all interact with each other, given their different roles and capacities, contributing to the outcomes defined as legislation and policy on national as well as European level. This framework was influenced by the work of Avedis Donabedian on quality assessment and monitoring (23).

### Conceptual framework:

Structure		Process	Input	Outcome
1.	Supranational Organizations at Global level.	- Research oriented	-Advocacy & Networking	-New Laws &
2.	International Associations at EU level.	- Education & Training oriented	- Recommendations	Legislation
3.	National associations	-Practice oriented	-Guidelines	-Policy formation at EU level
4.	Local NGOs	-Policy oriented	-Funding & expertise	-Policy formation at National level

**Figure 1. Conceptual framework of policy formation according to The Donabedian approach (23).**

### 3. Aim:

This paper aims to analyse the role of public health associations within the European public health context, in particular, to find out to what extent national and international umbrella associations can help develop and support formation of public health policy at European level. The following questions were set to get an overall picture of the above mentioned:

#### 3.1. Specific questions:

- 1) What is the role of National public health associations in health policy development?

- 2) What is the expectation of member associations from EUPHA?
- 3) What are the priority issues/key activities of the member association?
- 4) To what extent can NGOs such as EUPHA play an important part in forming European public health policy?
- 5) Have there been any changes in focus of the national associations for last ten years?

#### **4. METHODS:**

##### **Data and data collection:**

An online questionnaire was already developed by EUPHA for its members to identify their strengths and weaknesses in order to provide adequate input for capacity building. This questionnaire survey is a component of EUPHA's operational plan 2010-2014, where it is stated as 'listen and learn'. It was developed and sent out in English to all the members including full members, associates and the individual members. My responsibility included putting the received data together, sending reminders to members who did not respond and finally to analyse the received data. The first reminder was sent out to all the members on 18-06-2010, second on 15-07-2011 and the last on 05-10-2010. Each time the questionnaire was attached with the reminder e-mail for convenience. Each member could log on to the EUPHA website and fill out the questions or they could just open the attachment, fill it out and send it back as reply mail.

Data from 4 countries were supplemented later on with the information obtained from interviews of the association representative. Interviews were recorded by a voice recorder in real time and later transcribed and cross checked.

Existing written documents on EUPHA were collected from their official website (eupha.org) and from the EUPHA office. Published scientific material on the theme of 'Public Health Policy and Non-governmental Organizations' were taken into account from different database like Pubmed, Cochrane, Science direct etc., and they are referenced accordingly in the Result section; 5.1 and 5.4.

##### **Inclusion criteria:**

All the EUPHA members including full members, associate members but the individuals were not included in the survey.

##### **Instruments:**

Online questionnaires, separate e-mails, one to one interview, individual contacts were made to obtain the data.

##### **Response rate:**

EUPHA has 42 national associations of public health, 15 institutional members, 8 European NGOs, 7 individual members (72 members from 42 countries). Responses were received from 27 full members and 3 associate members, which means around 45% of the members have replied. But the survey is still on going.

### **Analysis:**

Qualitative content analysis of the given answers was done. Questions, relevant to the thesis, from the survey questionnaire were selected and cross-tabulated in Microsoft Excel for this purpose.

To get the result 5.1 on ‘the role of Public health NGOs in policy development’, published scientific materials on theme ‘Public Health Policy and Non-governmental Organizations’ were reviewed from different databases like Pubmed, Cochrane, Science direct etc., and in the same way result 5.4 on ‘the role of EUPHA on policy formation’ was achieved by reviewing the existing EUPHA document like their operational plan 2010-2014, constitution, acquired from the office and EUPHA publications from their official website (eupha.org). Result 5.3 on priority issues/key activities was attained by putting the answers under 4 themes which represented 4 pillars of EUPHA (Public health research, public health practice, public health policy and public health education and training). Result 5.2 was directly taken from the answers to the respective question after controlling for duplication. Finally result 5.5 was an attempted comparison of the answers from 1999 and 2010 by considering 4 EUPHA pillars.

### **Preconceptions:**

The rationale of the paper has risen from my engagement on the EUPHAs internal review work on the role of the association and the contribution made by different national member associations, and also my experience in working for the association’s journal European Journal of Public Health (EJPH).

### **Limitations:**

Due to insufficient and incomplete number of responses from the member associations, it was not possible to analyse all the questions as was intended and thus part of the analysis was performed through written documents and existing published materials. Therefore result to the question 1 was based on existing published materials, and result to question 4 was obtained from the document ‘EUPHA Operational Plan 2010-2014’. Answer to the research question 5 was attained by comparing a report, published by the Ministry of Employment and Social affairs in 1999 ‘Priorities for Public health action in the European Union’ with the answers from current survey.

The study was limited to only one international non-governmental organization and its members. However, throughout the process I had contacts with representatives of ASPHER

and EPHA, thus enabling incorporating their thoughts in my overall analysis and understanding of the problem. Moreover, though the response rate was not good, that one cannot make statistical inferences from the findings and generalize to the whole EUPHA, but they have still given substantial information to address main questions of this thesis.

**Ethical consideration:**

This survey is a part of EUPHA action plan 2101-2014. Answering the mapping questionnaire was agreed between all members and it did not contain any personal or confidential part.

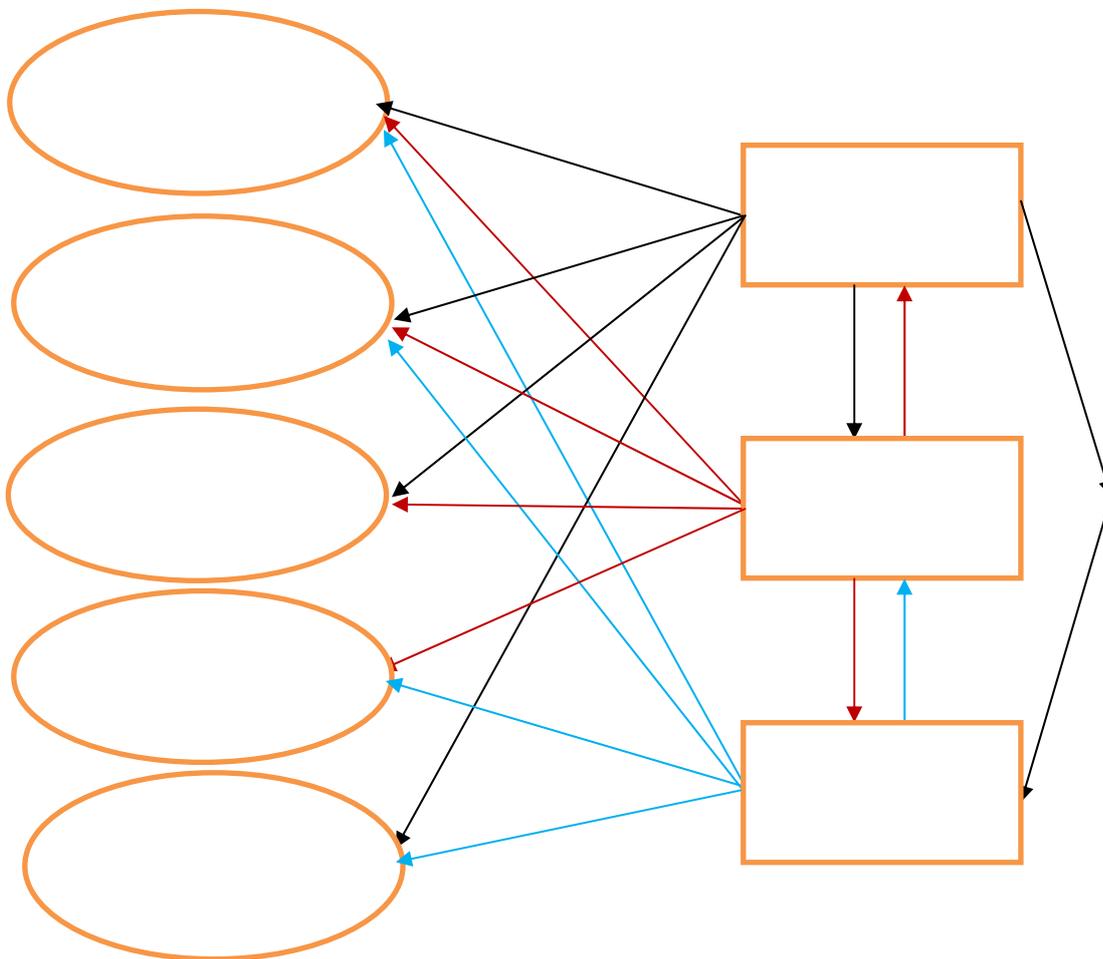
## 5. Results:

### 5.1 Role of public health NGOs in health policy development at different level:

This result was based on the existing published scientific materials.

In the development process of a policy, the most vital role is played by national associations. They have grass root level connection through the local members on one end and on the other end, it is a member of international association, which can influence or pressurize a national or international policy decision through networks and advocacy through different supranational structures like UN, EC, WHO etc. (24). According to the level of engagement, NGOs are of three types. Independently neither of them is strong enough to intervene, rather they all interact. In discussion part this issue is highlighted elaborately.

It can be pictured as the following figure:



**Figure 2: Principle tasks and level of interaction of NGOs.**

## **5.2. Expectations of member associations from EUPHA:**

In the questionnaire, in part 5, the second question, which was open ended, was about the added value of EUPHA as the member associations perceive. Following are the issues that came up:

- Advocacy in EU
- European Public Health Conference
- Access to the latest information and publications
- International Scientific Information and Knowledge Exchange
- More ideas for research and collaboration
- exchange of public health views and perspectives
- Contacts to other European Public Health Association
- an overview of Europe Public Health Associations' activities
- Information about joint grants
- Workshops

Members have diversified interests, when some are looking for more advocacy and networking, others are more interested in knowledge, consequently implication, by taking best examples from other peers. And surely, some are also interested in access to resources.

## **5.3. Priority issues/key activities of the member association:**

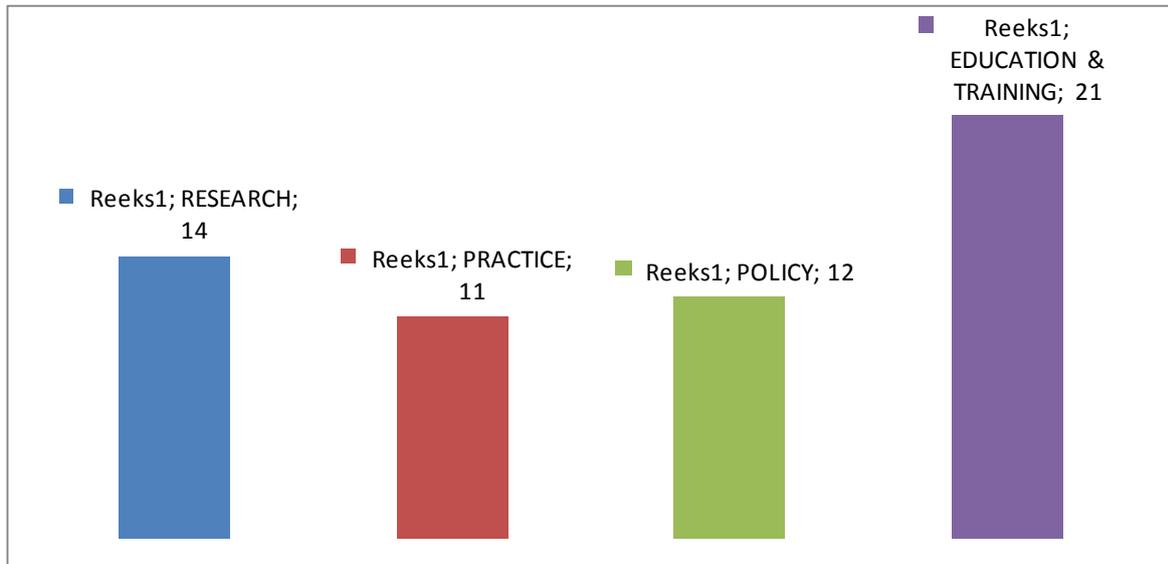
In section 2 members were asked to list their key activities/priorities for 2010 and onwards. According to the answers, members have a very wide range of activities. For better understanding and analysis, all activities were categorized under the four pillars of EUPHA, which are *practice, research, policy and education & training*. A table with particular answers is attached in the annex.

**Table 1. Key activities of the member associations of EUPHA**

Key activities ►	Public health research	Public health practice	Public health policy	Public health education and training
Countries ▼				
Armenia		Y	Y	Y
Austria				Y
Belgium	Y			Y
Bulgaria	Y	Y	Y	Y
Croatia	Y	Y		Y
Czech Republic				Y
Denmark	Did not answer to this question			
Estonia	Y	Y	Y	Y
Finland	Y			Y
Germany	Y		Y	Y
Greece				Y
Hungary	Y			Y
Israel	Did not answer to this question			
Italy	Y	Y	Y	
Kazakhstan			Y	Y
Lithuania				Y
Macedonia	Y	Y	Y	Y
Malta	Y	Y	Y	Y
Netherlands	Y	Y	Y	Y
Norway	Did not answer to this question			
Poland	Y	Y	Y	Y
Romania	Did not answer to this question			
Slovakia		Y		Y
Slovenia	Did not answer to this question			
Spain	Y		Y	Y
Sweden	Y	Y	Y	Y
Switzerland			Y	Y

N.B.: Responses from 3 associate members were not included as the table is relevant to national associations only.

Following graphic presentation can be obtained by summarising above results:



**Figure 3: Total number of member organizations involved in different activities under four EUPHA pillars**

#### **5.4. Role of EUPHA in forming European public health policy:**

Following result is partly based on the existing document of EUPHA named as ‘EUPHA Operational Plan 2010-2014’.

EUPHA as an international umbrella association has a crucial role to play both at the European level directly and national level indirectly through national associations. It is a platform for the members to the EC, where EUPHA is their voice. Members have the unique chance to enhance their knowledge, exchange and share best practices, build up new networks and of course express themselves through different EUPHA tools. To focus particularly on EUPHA, it has 4 strategies. They are:

- A. Intensify the spreading of existing information: research results are published in the EJPH, whereas practice and evidence based experience are published in the newsletter or on the website. The website is also an ideal tool to highlight policies and practices in the member states as well as the activities of EC, WHO/EURO. And of course the annual conference remains an important event to spread information.
- B. Intensify the exchange of information between researchers, policymakers and practitioners; EUPHA annual conference is the meeting place for the researchers, policy makers and practitioners, where there are practice based and research based abstracts, parallel sessions are mixed with research and practice and ideal for exchanging information between different disciplines. Besides, issue specific workshops through the year set up clear and concise reports on health subjects or practices like country overview, different practices etc.

- C. Develop a facilitating role: bridging between research and policy/practice is a recurrent problem of the public health experts. Together with other associates like ASPHER, EPHA etc., EUPHA organizes conference, skill-building workshops to provide tools for effective bridging.
- D. Respond proactively to all aspects of public health in Europe: with a large database of public health experts, EUPHA is able to provide statements on urgent or new public health subjects within a limited time frame, combining the current state of research/research needs with examples from practice and policy.

EUPHA has different tools for operation, which include,

1. Information exchange tools (European Journal of Public health, electronic newsletter, website, EUPHA annual scientific conference, publication of reports or books).
2. Collaboration tools (theme specific EUPHA sections, member forums, EUPHA projects, database of public health experts).
3. Advocacy tools (raising awareness among politicians, education and further training, evaluation of existing programmes and projects) (25)

In the operational plan of EUPHA 2010-2014, objectives are as follows:

- a) Listen and learn;
- b) Support and train;
- c) Coordinate and combine;
- d) Reach out and build a common voice;
- e) Remain financially healthy.

We know that EUPHA is an international umbrella non-governmental organization, consisting of members from all over the EUROPE. It acts as the voice of its members at an international level, specifically at European level. Through the tools, EUPHA disseminates the latest existing knowledge to the members, introducing them with the latest and best practices. EUPHA also takes the initiatives to provide support to its members in their weaker areas, thus building up their capacity.

European Public Health Association is a platform for its members to the European Commission and its associate organizations. Room for a national association in the EC is surely smaller than that for EUPHA.

In the strategic plan 2009-2014, under ‘Pillar II: Policy’ 2 objectives are stated:

- To promote evidence-based public health policy and healthy public policy;
- To contribute to policy through networking and alliance building.

In this regard, EUPHA as an organization:

- maintains dialogue with international health organizations by proactively participating in consultations and providing feedback and reactions to policy proposals;
- works with member national associations to encourage common developments in public health policy at a European level;
- draws out policy implications and recommendations from research that is gathered or carried out through EUPHA activities;
- seeks to provide an independent voice for evidence-based public health policy at European level.

### **5.5. Change in focus of the national associations for last ten years:**

This result is attained by attempting to compare the answers from a previous survey conducted in 1999 and current survey. The members were asked to state their priority issues/key activities from 2010 onwards. Only the associations who participated in both surveys were taken into consideration.

#### **Results from 1999 survey:**

Results from the mapping exercise revealed priority issues of the member states; each issue was then reported individually to the EC for recommended actions. Issues were very much diversifying, but with a lot of common also. Respondents, in many cases talked about the same problem but under different headline, for instance, alcohol consumption was seen by some as a chronic disease, by others as illicit drug etc.

#### **Results from 2010 survey:**

The aim was to determine the current priority issues in member states, to compare them to the previous ones from 1999, plan to take necessary actions in Public Health issues, help members in capacity building, to understand the expectations of the member states from EUPHA etc. Current survey shows that the focus of the associations has shifted towards effective education and training. If it was more about specific health issues and health system for the newer members in 1999 and inequalities for the better off members, then now it is more on knowledge. It will be good to check if it is a trend or has other causes like member type etc.

**Table 2. Two most frequently cited priorities in 1999 and key activities in 2010**

Country	Top two priorities 1999	2010
Austria	Health promotion, re-orientation of health care system	Annual PH conference, Internet Discussion Group, Quality improvement in public health teaching
Denmark	Environmental health, tobacco	*
Finland	Illegal narcotic drug, use of alcohol	To organize national and international scientific conferences and meetings, to publish <i>Sosiaalilääketieteellinen aikakauslehti</i> (Journal of Social Medicine, ISSN:0355-5097), to promote young scientists with grants to international conferences
France	Increase of inequalities in health status and in health care accessibility, health impact of environment damage	*
Germany	Inequality and health, ageing and health	Increasing visibility of public health in Germany, better representation in research institutions, coordination of teaching activities
Greece	Car accidents (and other accidents), drugs	Post-graduate programmes in public health, health services management and applied public health, other educational activities, research programmes, reference centres, national congresses and seminars
Ireland	Smoking, infectious diseases	*
The Netherlands	Lifestyle, including addiction (drug, tobacco, alcohol), Chronic illness (including ageing)	Advocacy at government, municipalities, EU, Unions, governmental institutions, member activities, publications; conferences (national and European); electronic newsletter
Portugal	Communicable diseases, Addiction	*
Spain	Inequalities in health, Control of tobacco, alcohol and drugs	Biannual conferences, with the Annual Conference of the Spanish Association of Epidemiology; public Health Journal with 6 regular issues per year; biannual Public Health Reports; policy; research
Sweden	Inequality in health, care of elderly	*
UK	Tobacco, Inequalities	*

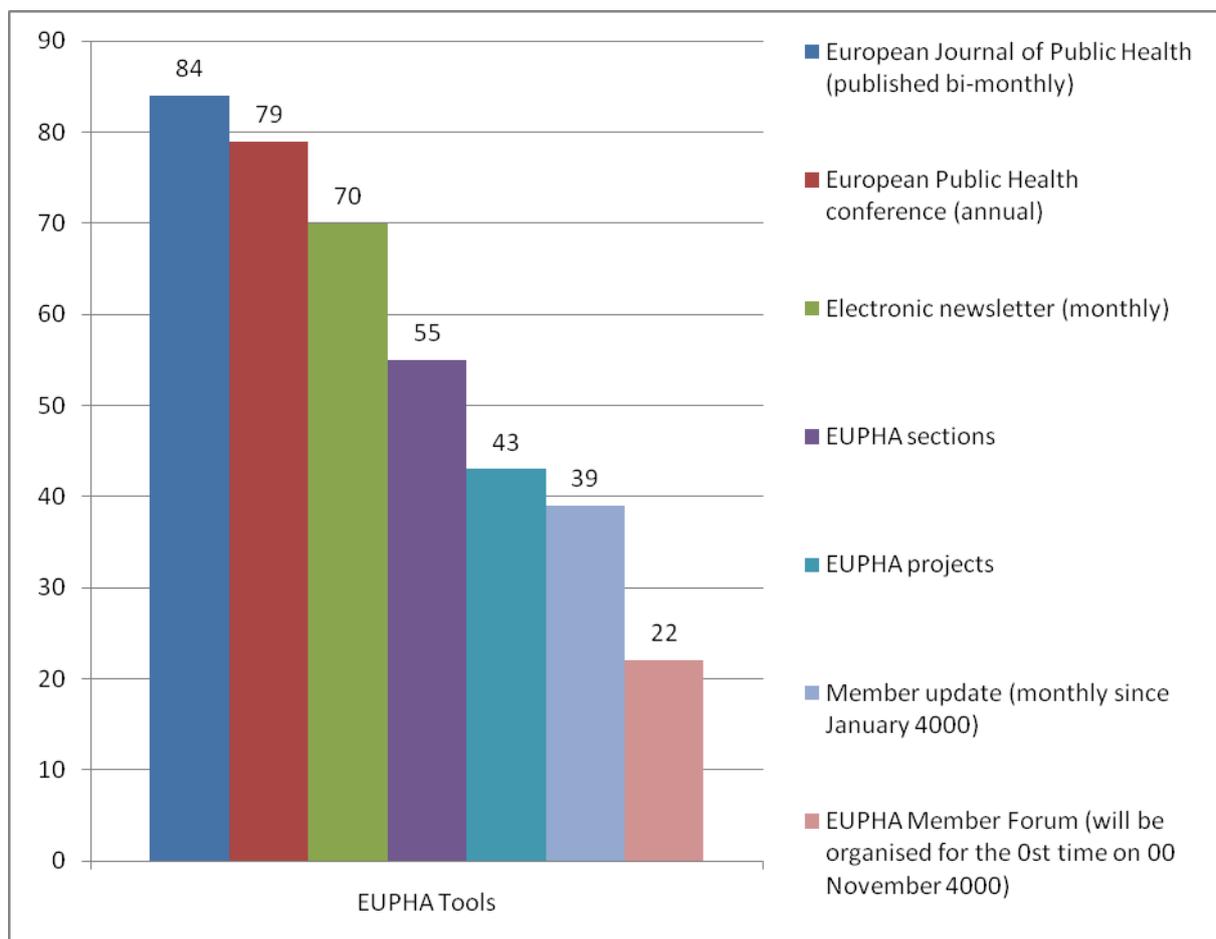
**Source:** Table 1.2, Brodin M., Weil V., Mc Kee M. and Oberlé D., March 1999, A framework for identifying public health priorities, *In:* Marc Brodin, Olivier Weil, Martin Mc Kee et Daniel Oberlé, 'Priorities for Public Health Action in the European Union', page -9, ISBN: 2-911489-06-3).

\* Empty boxes means the member didn't answer to this question in current survey.

## 5.6. Other findings:

### EUPHA tools:

In part 4 question no 16, members were asked to evaluate the EUPHA tools on a scale of 0 to 4 with following possible answers, very good =4; rather good=3; rather poor=2; poor=1; don't know/ no response=0. According to the members evaluation European Journal of Public Health received highest ranking where Member Forum received the lowest. It should be mentioned, that among the 30 respondents (27-full & 3-associate), 8 members answered as don't know or did not answer to all the tools at all.



**Figure 4: Evaluation of EUPHA tools by the members.**

### Suggestion for future development:

In part 5, question no 22 asks about the suggestions from the members for future development under the existing pillars of EUPHA. Only 12 of the respondents answered to this question and most of them were interested in development of research in future with EUPHA.

**Table 3: Areas to be developed under 4 pillars  
(Suggestion from the members)**

Public health research	Public health policy	Public health practice	Public health education & training
Comparative studies	Hospital infections	Participate in European MS collaboration projects	European Public Health Master
Public health genomics	Preventive programs	Public health genomics	Post-graduate training
Environmental health	Defining PH strategy in Europe together with EPHA and ASPHER	Community development	Implementing genomic knowledge into public health education
Food safety	Actions against inequalities	Public health nutrition	Accreditation
Disparity in health	Health in all policy	patient safety	Health promotion and improvement of sexual and reproductive health
More cross cutting challenges to take into focus and communicate and debate those (e.g. Public private partnerships; ethical questions/ principles)	Sharing of policies and evaluations done to improve the policy	Family medicine	Help provide speakers/experts to give talks or short courses ( even through video conferencing) for Continuous Medical Education to our members
Children's health	Influence of social and economic determinants on health	Sharing of good experiences and lessons learnt	
Research with other MS			
Obesity			
Migrants health			
Health services research			
Epidemiology			
Violence			

## 6. Discussion:

### 6.1. NGOs role outside or inside the governmental structure:

NGOs are organizations of citizens with a common agenda or set of demands that they would like a government to implement. NGOs may be organized at the grass-root level, or at the state and international levels. The first groups commonly organize around a local issue. National NGOs organize to pressure national governments to adopt certain policies or legislation, while the international NGOs aim to influence international organizations, such as the UN, EC etc. Pressure created by the global NGOs became so strong that in the late 1980s the UN agreed to register such NGOs with them. Registered NGOs are represented in an

official capacity at world conferences and in planning about UN activities. So, it is obvious that new citizen activism can reinforce the centralizing tendencies at work today through the formation of like-minded NGOs that can influence policy at local, national and international levels (26).

Figure 1 in the result 5.1 shows, that NGOs have a wide range of concerns and values, depending on the scale of their work (local, national, regional or international) and their focus (environmental, social, health or economic; policy or on the ground work). As Carpenter states in his book 'Ecosystem and human well-being', "The scenario implications for human well-being indicate that there will be even greater need for NGOs to play a role translating and disseminating information, including the results from sub-global assessments and global scenarios, to communities and governments in the context of options for policy responses" (27).

NGOs have contributed to the development of communities around the world and are important partners of many governments – while remaining independent from governments and politics. From figure 1 it is evident that NGOs are regarded as valued partners in health research for development, research being viewed as a broad process involving not only the production of knowledge, but also up-stream and down-stream activities needed for its relevance and effectiveness, such as priority setting and knowledge translation. NGOs continue to make important contributions through supporting relevant and effective research (4).

The current survey of the member states by EUPHA reveals that, majority of the members are national associations of the respective countries, who represent their own interests and national as well. Most of the associations have a diversified category of members including from individual professionals and even some governmental organizations.

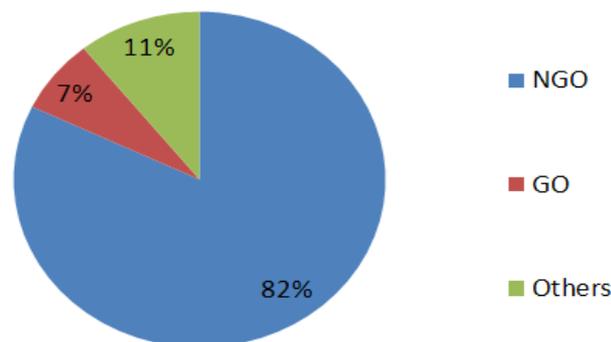


Figure 5: Legal Status of Members

Inclusion of governmental institutions indicates that the border between the GOs and NGOs is porous in some countries. This is indicative of two facts, on one hand it means that public health issues will have less political influence and more effective bridging between the researchers and policy maker in near future, while on the other hand, it can indicate to certain corruption of NGOs working with government and speaking the same language.

The current survey also reveals the expectations of the members from EUPHA, in other words why the national associations become members of the international associations. From the answers that were given by the members in the result section 5.2, we could assume that most of the members have limited access to supranational organizations, their voice is often not heard at the national or international level and many are struggling with funds. Most commonly cited cause was about knowledge. Member associations want to have updated information about the latest in the public health area by collaborative research, learning and sharing with other members, having access to latest scientific journals, through conferences and workshops, by participating in EU projects etc.

European Union is expanding day by day. Because of the different socio-economic situation, infrastructure of health services, different culture, geographical situation etc. newer members have different health priorities, which can be threat to other members. In order to strengthen their cognitive capacities, the European Commission and non-state actors from the old member states encouraged the participation of NGOs and business associations from CEE accession countries in transnational networks and European umbrella organizations (Euro-groups) to learn how to shape and implement EU policies, both at the EU and the domestic level (28).

The research question 3, with the statement of priority issues/key activities was chosen with the aim to understand the current status, their main focus, which would reflect the national priorities and to compare them in between in order to determine the differences among the member states. And it would as well facilitate to compare the changes from the survey conducted in 1999. The result 5.3 is based on only 19 responses, as that was the total number of members who answered this particular query. Depending upon the answers given, figure 2 shows that the members are mostly working on education and training, though it may not reflect the situation in the member states, and rather due to the type of members that have answered the questions. On the other hand, as public health has become an inevitable part of health system and there is a lack of public health professionals, so we could assume that the associations are more engaged in producing professionals these days. If possible, should be checked, if this is a trend.

## **6.2. Policy making process:**

Policy making process can be characterized by rational approach or by an interactive approach. The first assumes that going systematically and consciously through a number of phases is the most effective way of analysing and choosing from a number of alternative solutions in dealing with them (29). It is based on the classical model of policy-making, where a small number of people, mainly the civil servants and governor or administrator, form and decide upon a policy. It implies a rather top-down activity from government to society, mainly using rules and regulations (30). Many modern-day health problems (e.g. health inequalities, ageing, and deprivation) are complex. This complexity cannot be analysed or estimated by a rational approach (31). It requires the consultation of various specialists, participation of actors outside the government and in mutual interdependency in public policy-making. Same issue may have different meaning for people with different backgrounds, interests or (power) positions. So, it is not only must but rather more effective to include national and international associations in policy formation as shown in figure 1.

There is a continuous increase in number of NGOs or CSOs worldwide, who have participated in achieving targets which were previously managed exclusively by states and

international state initiatives (32, 33, 34, 35,36). NGOs are playing a vital role in bridging the gap between formulated policy principles and social and political reality (34, 36, 37). They often cross national boundaries and many are expected to uphold civil rights principles and world societal public interests against powerful trans-national business interests, national self-interest, and conflicts between rich and poor areas (34, 36, 38).

Talking about the role of EUPHA in policy formation should admit that in the world health polity, NGOs in official relation with WHO (like EUPHA) are of major political significance in reaching “health-for-all” goals (36, 39, 40). Through official relations with WHO, health-related NGOs are shifted from the periphery to the centre of the world health political system. They become subject to a defined set of rules and are eligible for the use of formal communication pathways with intergovernmental entities (36, 39, 40, 41).

Going back to answer to the question 1 and 4, should be kept in mind, that NGOs do not possess a democratic mandate and coercive legal powers like governments. But alternatively, they have certain comparative advantages like specialist knowledge and expertise, access to government while remaining free from party politics, the ability to use the media effectively, a clear tactical focus, and a high degree of community acceptance. All of these features build public trust, and can provide the basis for entrepreneurialism in the public sphere (42).

In the result section 5.5, there was an attempt to compare the results from 1999 survey with the current one. It should be admitted that the answers in the 1999 survey were more on priority areas, whereas current answers are mixture of working way and priority areas. Moreover, only 6 national associations participated and answered in both surveys. As a result, a true comparison seemed to be impossible to be carried out but it gave only an overview. Yet, looking at the Table 2, it seems clear that most of the member associations are working towards public health knowledge.

There are a number of other important aspects of this issue of NGOs and policy. European unification seems to increase power of the local NGOs. EU provides 4 key resources to the non-state actors that are: arenas, policy instruments, funding programmes and points of reference. Firstly, the EU offers NGOs a set of new grounds through which to achieve their goals. The multi-level structure of EU governance offers non-state actors multiple points of access to policy and law-making actors (24, 43). EU cannot depend on traditional representative channels alone for effective and democratic governance, so the inclusion of civil society organizations in policy-making process has become a key element of the EU’s claims (15). Along with institutional arenas, civil society groups have access to transnational advocacy networks and European level NGO platforms also. As a result, this allows NGOs, who have critical institutional and discursive opportunities at local level can avoid the national and address their claims to the supranational level (25, 44). NGOs can use these arenas to meet directly with European policymakers. They can organize joint lobbying actions via transnational policy networks that share their goals, or they can use European platforms to gain visibility for their cause. As a result, local or national non-state actors can bypass the blocked domestic channel of state and go international to create external pressure on the national government. This mechanism is called boomerang (45). Secondly, the EU develops a number of policy instruments including hard law, such as Directives and Regulations and softer tools as recommendations and resolutions. As Jacqot (2003) stated, these tools vary in their degree of constrain national power and change the extension of the internal balance of forces (46). However, they represent a series of laws and policies to which national authorities have committed them. The non-state actors are like watchdogs here to follow the promotion of local implementation of EU agreements, thus they are again

empowered (25). The third category of resources, by getting involved in EU projects, NGOs may gather financial and or administrative experience, learn from partners and gain legitimacy in the eyes of the government. Usage of EU funding is therefore expected to empower domestic actors via the mechanism of capacity building. Finally, in terms of symbolic resources, the EU can be used as a point of reference to change the local dialogue and reframe their claim thus result in NGO empowerment via framing mechanisms (25).

## **7. Further studies:**

In future, governmental institutions, and related ministries along with the member states should be included in the study to get a better picture. In fact, EUPHA do have other completed and on-going projects where above mentioned stakeholders were included, in relation to research and funding (STEPS, SPHERE and PHIRE). So, after completion of all these three projects, a compilation report with the questionnaire survey would bring a more complete scenario.

## **8. Generalizability:**

Role of national and international associations in public health policy formation is alike in the same settings specifically in Europe for similar type of organizations. For instance, EUPHA is basically a scientific umbrella association and it cannot be compared with other organizations that are more into public health practice like EHMA or EPHA which is an advocacy focused umbrella organization. Priority areas and expectation of the members from EUPHA can vary depending upon their type and their national priorities.

## **9. Conclusion:**

According to the response rate to the survey questionnaire, it can be assumed that, there might be discrepancies between EUPHA and its members, if there is then they should be taken care of as early as possible. Because, the questionnaire survey was agreed by all members and it was in the interest of the associations, that EUPHA finds out the strengths and weaknesses of its members and provide adequate input where needed for capacity building.

As seen from the current survey and from existing published materials role of non-governmental organizations in policy formation is multidimensional and vital at each level, starting from the facilitation and ending with implementation and evaluation. Only strong and effective collaborations between governmental and non-governmental bodies both at national and international level can ensure the citizens of European Union a healthier tomorrow.

## **10. Acknowledgement:**

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## 12. Annex:

### 1. Mapping questionnaire of EUPHA for members



#### EUPHA MEMBERS MAPPING EXERCISE

We invite you to complete this questionnaire and send it back to [syed.rahman@ki.se](mailto:syed.rahman@ki.se) and a copy to [office@eupha.org](mailto:office@eupha.org) as soon as possible. If you need more time to discuss with your board or at meetings with members, please inform us and we can be flexible with the deadline. If you have any questions or encounter any problems, please feel free to contact our executive director, Dineke Zeegers Paget ([d.zeegers@nivel.nl](mailto:d.zeegers@nivel.nl))

#### Part 1: General information on your organisation

- Name and function of the person(s) filling out this questionnaire

- Full name of your organisation

- English name of your organisation

- Acronym (if any)

#### Legal status (foundation, NGO, GO, other)

- foundation

Yes /

No

- non governmental organisation

Yes /

No

- governmental organisation

Yes /

No

- other, please specify

#### Official address

- visiting address

- postal address

- postal code

- town

- telephone number

- fax number

- website

### **Contact persons**

Chairman/president of the board

- Name

- email address

General secretary/director or similar

- Name

- email address

Person responsible for membership issues

- Name

- email address

Person responsible for EUPHA and/or international issues

- Name

- email address

**Your members**

- How many members does your organisation have?

What type of members does your organisation have?

- Individual public health professionals

Yes /  
 No

- Non-governmental organisations

Yes /  
 No

- Government institutions

Yes /  
 No

- Regional and/or local institutions

Yes /  
 No

- Other, please specify

- How many of your members are registered as EUPHA members

**Part 2: Responsibilities and Functions of your organisation**

- Please list the key activities/ priorities for your organisation for 2010 onwards

- Does your organisation work in sections/committees/ subgroups?

Yes /  
 No

- If yes, can you list the sections/committees/subgroups of your organisation

• Does your organisation cooperate with other public health organisations on the national level or European level (e.g. other national public health organisations, national schools of public health, ASPHER, EPHA)?

- Yes /  
 No

• If yes, can you list these organisations

### Part 3: EUPHA linked information

#### Current representatives to EUPHA

Member of the Governing Council 1

• Name

• email address

Member of the Governing Council 2

• Name

• email address

Member of the International Scientific Committee

• Name

• email address

#### Representatives in the boards/administrative support of the 18 EUPHA sections

Which EUPHA section

• Child and adolescent public health

• Chronic diseases

• Environment related diseases

• Ethics in public health

• Food and nutrition

- Health promotion
- Health services research
- Infectious diseases control
- Injury prevention and safety promotion
- Migrant and ethnic health
- Public health economics
- Public health epidemiology
- Public health genomics
- Public health practice and policy
- Public mental health
- Social security and health
- Urban health
- Utilisation of medicines
- Please provide names and email addresses of these representatives

Representative in the Editorial board of the European Journal of Public Health

- Name

- email address

- Does your organisation plan changes in the contact scheme with EUPHA, such as more activities in sections or more frequent attendance on meetings ?

- Yes /
- No

- If yes, please elaborate

- How well do you feel your organisation is engaged with EUPHA?

very poor       poor       average       good       very good

- If you have crossed poor or very poor, do you have suggestions on how this could be improved?

**Part 4: EUPHA tools**

**What is your general opinion about:**

- European Journal of Public Health (published bi-monthly)

very poor     rather poor     rather good     very good     don't know

- European Public Health conference (annual)

very poor     rather poor     rather good     very good     don't know

- Electronic newsletter (monthly)

very poor     rather poor     rather good     very good     don't know

- EUPHA sections

very poor     rather poor     rather good     very good     don't know

- EUPHA projects

very poor     rather poor     rather good     very good     don't know

- Information on the EUPHA Governing Council meeting and outcomes

very poor     rather poor     rather good     very good     don't know

- Member update (monthly since January 2010)

very poor     rather poor     rather good     very good     don't know

- EUPHA Member Forum (will be organised for the 1st time on 10 November 2010)

very poor     rather poor     rather good     very good     don't know

- Are there any tools missing?

Yes /  
 No

- If yes, which tools would you like EUPHA to develop

**Part 5: EUPHA future activities**

- Do you have suggestions on how communication between EUPHA and members could be improved?

- Where do you see the added value of EUPHA for your organisation?

- Do you have any suggestions on how EUPHA could better support your organisation?

- Do you have suggestions on how your organisation could contribute more to EUPHA?

**Since we want to implement activities under the 'four pillars' we have agreed on, it would be valuable if you can provide a contact person from your organisation regarding the area of each of the four pillars the work of EUPHA is organized around**

Public health research

- Name

- email address

Public health practice

- Name

- email address

Public health policy

- Name

- email address

Public health training and education

- Name

- email address

Which areas would you want to further developed within EUPHA? Please give suggestions under the four headings as above:

- Public health research

- Public health practice

- Public health policy

- Public health training and education

- Any other comments:

**Thank you for your collaboration!**

Save your response

Clear this form

## 2. Survey method from 1999:

The department of Employment and Social affairs of EC took the initiative to find out the priority issues in EU for necessary actions in public health. The Societe Francaise de Sante Publique was given the responsibility for this purpose. A standard questionnaire was developed in local language and respondents were asked to suggest priorities for EU action like emergent issue in one or more countries which could become a major public health problem at EU level or an existing one, or a problem for which EU action could contribute to convergence national policies, or a subject in regard to which community action would produce a more effective response than national or local ones alone. Then in the second phase, multi-national teams were involved to overview the existing policies on the

priority issues and to give recommendations for further action, which was then published as a report.

### **3. Key activities of members considering four pillars of EUPHA**

Green education and training, Blue Practice, Ash Policy, Violet Research, Red more than 1 category

Countries	Activities
Armenia	Tobacco control programme; Malaria elimination Programme (practice/policy); Integrated Surveillance; Information System and Technology, Professional and Public Health Education, etc.;
Austria	Annual PH conference, Internet Discussion Group, Quality improvement in PH teaching
Belgium	Workshop “Methods survey in health research (e&t/research)
Croatia	Public health training portfolio, 2nd Congres on Prevetive Medicine and Health Promotion, Croatian Public Health Journal (e&t/research), County Councils for Health, WHO Collaborative Centre for Capacity Building in HIV Surveillance (e&t/practice)
Czec Republic	Seminars, organization, communication
Estonia	Professional development, professional qualification assessment, health promotion advocacy, health promotion interventions, evaluation research
Finland	"To organize national and international scientific conferences and meetings, To publish Sosiaalilääketieteellinen aikakauslehti (Journal of Social Medicine, ISSN:0355-5097) four issues per year (e&t/research), To promote young scientists with grants to international conferences
Germany	Increasing visibility of public health in Germany, Better representation in research institutions, coordination of teaching activities
Greece	POST GRADUATES PROGRAMMES IN PUBLIC HEALTH, HEALTH SERVICES MANAGEMENT AND APPLIED PUBLIC HEALTH, OTHER EDUCATIONAL ACTIVITIES, RESEARCH PROGRAMMES, REFERENCE CENTERS, NATIONAL CONGRESSES AND SEMINARS
Italy	Evaluation of vaccines and elaboration of vaccination schedules (practice/policy); Health promotion, prevention and public health(practice/policy); Health services research; Public health genomics; Hospital hygiene; Health technology assessment
Kazakhstan	Research, Education & consultation
Lithuania	Collaboration of LPHA members;
Netherlands	Advocacy (government, municipalities, EU, Unions, governmental institutions), member activities, publications; conferences (national and European) (edu & training/research); electronic newsletter
Poland	1. Generalization of knowledge from the field of public health (research/policy/practice/education ?)
Slovakia	Website, national conference, EU projects
Spain	1. Biannual conferences. Forthcoming conference: “Equity and health in all policies”, that will take place in Madrid in October 2011, organized jointly with the Annual Conference of the Spanish Association of Epidemiology; 2. Public Health Journal: Gaceta Sanitaria, scientific journal of the 11 federated associations, with 6 regular issues pro year; 3. Biannual Public Health Reports: SESPAS Reports. 2008 report: “Improving the effectiveness of public interventions on health”. (policy/research)
Switzerland	Advocacy(new prevention law), knowledge transfer science-policy- practice, annual conference, topics: health literacy, screening, prevention and primary care