

The Healthcare LOBBYIST



Global strategies for influencing healthcare policy

How to influence the EMEA

Europe's new medicines legislation will not allow pharmaceutical companies to propose a rapporteur or co-rapporteur to review their product application, although the industry may well find ways around this, Tomas Salmonson, the Swedish member of the EU's Committee for Medicinal Products for Human Use (CHMP) told *The Healthcare Lobbyist*.

Under the old legislation, companies were invited to propose individuals to become rapporteurs and co-rapporteurs to review their product by the European Medicines Agency (EMA) and usually one of the company's preferred people has been assigned as rapporteur or co-rapporteur. "During my six and half years at the CHMP, with one or two exceptions, the company has been given one of its proposals," Mr Salmonson said.

Companies have generally provide three or four names and, according to Mr Salmonson, there has been little consideration given to any particular nationality because most companies seeking marketing authorisations operate globally.

"My impression is that the companies go for the most experienced people so there are a number of members who do more rapporteurships. They provide well-justified arguments and deliver scientific opinions on time. They can argue in the committee and get good support for their views." Generally, Mr Salmonson said, they hail from the UK, Germany, Sweden, France and the Netherlands.

However, under the new legislation, companies will not be able to propose rapporteurs and the new selection process, which is currently being developed, will give the task of reviewing a company's product to the "best available" expert.

But there remains room, Mr Salmonson said, to indirectly influence the appointment of rapporteurships in the future. "Companies may want to make sure that Sweden, the UK or France do nominate themselves for their product," Mr Salmonson said. Industry may achieve this using the time when they come for scientific advice to evaluate the CHMP members' competency and to stimulate preferred members' interest in becoming rapporteurs for the company's product.

Also, the key contact in the future may more likely be the project team leader rather than the rapporteur. "The good company needs to know when to talk to the rapporteur and when

to talk to the project team leader, individual assessors and the EMA," Mr Salmonson said.

Be available 24/7

Responding rapidly to requests from the EMA can help a company establish a good relationship with the agency's staff and speed that companies' drug applications through the regulatory pipeline. According to one former rapporteur at the EMA, staff who steward applications through the system value the relationship they have with a company if the company is there when it is needed.

The former rapporteur told *The Healthcare Lobbyist*: "There are some companies I felt a lot more comfortable with than others, not because of the quality of the data but because of the quality of the people. I know that when I was the rapporteur, I could phone a particular company at whatever time and I would get through and would get a call back within minutes from the global vice-president of public affairs and get an answer in a very short time. I was not left hanging around for days getting put through to different people with none of them accepting responsibility for what I wanted. That company would get preferential treatment from me simply because I could deal with them." ■

Tactic of the month

Legislative horizon

Have a "legislative horizon", says Lucy C Cronin, partner at UK-based Policy Action. This means knowing when and where the evolving legislation that concerns you will be discussed in Parliament, and by whom. Lobbyists can then make telephone calls to those who will be attending/speaking at the legislative session the day before it begins to ensure that lawmakers know where you stand on the issue. Ms Cronin, who helps run lobbying courses for London-based training specialist Pinnacle Public Relations, also advises: "Make sure that people know you for the right reasons: as an organisation that they can work with, not as an organisation known for being aggressive." ■

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Floridians file lawsuit against lobbying law

Pg 2

Ex-governor advocates radical healthcare reform

Pg 4

Gathering in War Rooms against NICE

Pg 6

Report prods Italy over lobbying

Pg 9

Regulation

Floridians file suit against lobbying law

The Florida Association of Professional Lobbyists (FAPL) has filed a lawsuit against the state's new lobbying law which came into force on January 1st 2006 and bans lobbyists from giving lawmakers gifts.

The FAPL's lawsuit, does not dispute the articles of the legislation that bans lobbyists from giving lawmakers meals, drinks and other gifts but the articles that require a financial disclosure of the fees the lobbyists charge.

Fatal flaw

"The bill's fatal flaw is its assumption that everyone has a right to know about everything and anything," Carl Adams, president of the FAPL, said. "The right to know exists so that the people may learn about their government and officials not so government may pry into private lives."

The disclosure of fees by lobbyists took effect on March 31st, but reporting is only required from May 15th and Mr Adams, whose association filed the suit with a number of other people, is anticipating that the judge will rule on the challenge prior to this date, sparing lobbyists from having to disclose their income.

The Florida House of Representatives has already issued interim guidelines for the House and Senate, providing assistance to lobbying firms' seeking to comply with the requirements for publicly disclosing the compensation they receive.

The FAPL's concerns and, perhaps, belated action, have been met with sympathy by the local newspaper, the Tallahassee Democrat, which sees the FAPL's resistance to the

legislation as understandable.

In an editorial on the matter, the newspaper said: "In their zeal to improve their image and ostensibly stifle influence peddling in the Capitol, lawmakers passed a law championed by Senate President Tom Lee that, among other things, requires lobbyists to report how much they are paid by their clients and provides for random audits of lobbying firms.

"Not all lobbyists, however, would be nailed. Just freelance lobbyists who do not lobby for government agencies, trade associations, or individual companies, but who represent a wide array of clients.

They are unfairly singled out of the lobbying corps, and arguably the law could have a chilling effect on their freedom of speech in communicating with their clients."

Trivial aspects

The newspaper goes on to criticise the new legislation for making a big deal out of trivial aspects of lobbying and missing the "real culprit" when it comes to influence peddling: campaign contributions made through the two major parties.

The newspaper says these contributions are governed lightly and subject to few reporting requirements.

"No matter how the public feels about lobbying as a profession, it cannot sanction laws that run roughshod over basic rights. This lawsuit was inevitable," the newspaper says.

More than 2,000 lobbyists are registered in the state capital Tallahassee and they have spent about \$3.5 million every year on entertaining lawmakers. ■

Internet exempt from US campaign finance laws

Almost all communication on the Internet by individuals seeking to persuade people to vote for particular US political parties or candidates will remain unregulated, the Federal Election Commission (FEC) has ruled.

The ruling, which comes into effect on May 12th, means that the Internet activities of unpaid individuals or groups of individuals and bloggers will be unregulated, leaving them to support or attack federal candidates at will. A blogger who is paid by a campaign will not have to report the money to the FEC. America's campaign finance laws currently restrict individual contributions to \$2,000 and prohibit unions and corporations from donating money. But under the ruling, corporate and union employees will be able to use their office computers for political activities, as long as it is done outside of working hours. Only the purchase of paid-for advertisements on the Internet will be subject to the finance laws.

The FEC says that the rulemaking recognises the Internet as a "unique and evolving mode of mass communication and political speech that is distinct from other media" because it is low cost in comparison with television and radio broadcasting, and there are minimal barriers to entry. The FEC also says that although large companies and organisations that pay for such advertising are also likely to possess the financial resources to obtain legal counsel and to monitor FEC's regulations, individuals and small groups do not generally have these resources.

A continually growing segment of the American population uses the Internet as a supplement to, or as a replacement for, more traditional sources of information and entertainment, such as newspapers, magazines, television and radio. The 2004 US election cycle marked a dramatic shift in the scope and manner in which Americans used websites, blogs and listservs (the software programme for sending out multiple emails).

The number of Americans using the Internet as a source of campaign news more than doubled between 2000 and 2004, from 30 million to 63 million and an estimated 11 million people relied on politically oriented blogs as a primary source of information during the 2004 presidential campaign.

As well as seeking information about candidates, individual Americans also made good use of the Web to promote their own political views in 2004. Their reported activities included: creating videos for distribution on the Internet; taking part in online "chats"; posting commentary about federal candidates on their own or other individuals' websites; providing hyperlinks from their website to campaign websites; using email to organise grassroots activities; and promoting or republishing candidate-authored materials.

"These final rules are intended to ensure that political committees properly finance and disclose their Internet communications, without impeding individual citizens from using the Internet to speak freely regarding candidates and elections," the FEC said. ■

Regulation

Finland's presidency of the EU promises greater transparency

Finland, known for being one of the most transparent and least corrupt countries in the world, intends to broadcast all public European Council sessions on the Internet when the country takes over the EU presidency on July 1st, 2006. Finland also intends to boost the overall number of Council sessions open to the public.

The Finnish presidency will develop an EU Regulation to improve the public's access to EU documents, its Ministry of Justice has also said in a statement. The state will prepare for the

publication of a Commission discussion paper on the revision of the Regulation on public access to the European Parliament, Council and Commission documents during the year.

"In order to improve openness to the public of the Council's activity, transparency will have a major role in communications during the Presidency," justice ministry officials said.

The Finnish Presidency's website will feature Coreper and working party agendas as well as agendas and background paper of the Councils of Ministers. ■

Civil society groups respond to MEP's attack on NGOs and funding

The EU Civil Society Contact Group, which represents broad-based non-governmental groups (NGOs) has responded to a Parliamentary resolution published by MEP Silvana Koch-Mehrin which claims that NGOs lobbying the European Parliament lack transparency and should be regulated.

Anne-Sophie Parent, chair of the group, said that the MEP had "falsely characterised" NGOs and that NGOs are strongly in favour of the enhanced transparency currently being championed by the Commission vice-president Siim Kallas.

That NGOs lack transparency is an allegation not backed up by statistics, Ms Parent said, noting that since 2001 only ten of the

3,000 enquiries investigated by the European anti-fraud office (OLAF) were NGOs benefiting from EU funding.

Ms Koch-Mehrin also said that organisations that are critical of globalisation should not get financial support from the European Union. But Ms Parent said: "We are convinced that the EU is right in promoting engagement of citizens in the European debate. This cannot be done without critical voices, which is a basic principle of democracy plurality." If EU funding were restricted to organisations promoting only one approach to European integration, then civil dialogue would "soon be no more than pure propaganda", Ms Parent added. ■

EU rejects US-style lobbying disclosure

As *The Healthcare Lobbyist* went to press, there were indications from the European Commission that a long-awaited consultation paper (Green Paper) on lobbying in the EU would propose voluntary rather than compulsory registration of Brussels' 15,000 lobbyists.

The news will be warmly welcomed by most professional lobbyists and be undoubtedly met with dismay from coalitions set up in recent months, mainly by non-governmental organisations (NGOs), to push for compulsory registration in the run-up to the publication of the Green Paper.

The NGOs have been concerned that corporate interests have too powerful a grip on Brussels and that greater transparency, in the disclosure of who is lobbying who and how much they are paid, would help to counteract this perceived imbalance. But SEAP, an organisation that represents 200 lobbyists in Brussels, has welcomed the initial indications because it has always wanted a self-regulatory system.

European Commission President José Manuel Barroso has said in interviews that, under a voluntary system, lobbyists would be offered an incentive to register, such as "automatic alerts of consultations on issues of known interest to lobbyists." However, SEAP president Rogier Chorus has said this could cause complications for those one-issue lobbyists who work from the member state capitals and not from Brussels. "The Commission could cause problems for itself because it would be seen as creating some animals more equal than other animals," Mr Chorus said.

As well as voluntary registration, the Commission has indicated that it wants a common code of conduct for people who lobby the Commission, the Council and the Parliament. Mr Chorus has no problem with a common code but he wants associations like his to be able to keep, and run their organisations by their own code and set standards themselves with their own policing mechanisms. "The Commission seems to leave scope for such a set up but it also wishes to work on a common code. What we have proposed is the establishment of general principles that should be adhered to in any code that the Commission would wish to set up."

The Green Paper will probably be subject to discussion until the end of this year when legislation will be shaped. It comes out of the European Transparency Initiative launched by the vice-president of the Commission, Siim Kallas, in Nottingham, England in March 2005. His transparency initiative began with a debate over the ethics of public officials and transparency standards, which led to the issuing of a Communication in November 2005 announcing the Green Paper.

In response to the launch of the European Transparency Initiative, 140 civil society groups joined together in the Alliance for Lobbying Transparency and Ethics Regulation (ALTER-EU) to argue that the public interest will only best be served if the Commission enacts legislation requiring EU lobbying disclosure. ■

Campaign issues

Ex-governor advocates radical healthcare reform



John Kitzhaber

John Kitzhaber, one-time Democratic governor of Oregon, has set up a grassroots lobbying organisation called the Archimedes Movement that wants an end to Medicaid and Medicare in the state and their replacement by a programme that provides basic coverage for all of Oregon's residents, regardless of age or income.

Mr Kitzhaber, a former emergency room physician, pushed the Oregon Health Plan through the state's legislature in the early 1990s and saw it become a national model for insuring more people under a limited package of benefits. He hopes his latest plan will also offer a model for the nation.

The nation's eyes, however, are more focused on Massachusetts where the state legislature has passed a law that has received praise from both liberal and conservative quarters for the way it proposes to cover that state's 500,000 uninsured residents.

The Massachusetts law requires every individual in the state to purchase health insurance by July 1st 2007. About 100,000 people in the state are eligible for Medicaid, a further 200,000 who earn less than 300% of the federal poverty level (\$48,000) and are not eligible for Medicaid will receive premium assistance on a sliding scale and another 200,000 who earn more than the 300% threshold will be able to purchase lower cost policies in the private market. Also, the law requires businesses that do not offer insurance to pay a \$295 annual fee per employee.

Significantly, from January 1st 2008, anyone who fails to buy health insurance will lose their state tax refund equal to 50% of an affordable health insurance premium

Liberals have welcomed the bill because it supports employer mandates while conservatives support the individual responsibility aspect. "An achievement like this comes around once in a generation, and it proves that government can work when people of both parties reach across the aisle for the common good," Massachusetts governor Mitt Romney said on signing the bill into law on April 12th. The passing of the bill also means that the state will continue to receive \$385 million in federal funding for each of the next two years under a condition that the state developed a "demonstration project" to reduce the rate of uninsured.

The Massachusetts plan is seen as a boost, in particular, to Governor Romney who is a potential presidential candidate for the Republican Party in 2008 and a success for the healthcare industry including pharmaceutical companies which will see financial rewards.

In Oregon, 600,000 people are uninsured and Mr Kitzhaber wants the 40-year-old Medicare and Medicaid programmes scrapped and the money used to pay for basic cover for all Oregonians. Whilst Mr Kitzhaber said he gives the Massachusetts plan "high marks for innovation" it was not

enough to solve America's healthcare problems. "Without examining what people are covered for and how it is delivered, we are left with an unsustainable system," he said on the Archimedes Movement's blog. The Archimedes Movement seeks to position Oregon to request a broad range of waivers (both statutory and administrative) that will "force Congress to compare the current system to a

comprehensive vision of how we should be providing healthcare to our people a vision rooted in traditional and pragmatic values of fairness, inclusion, and quality that promotes health as the fundamental cornerstone of upward mobility in a democratic society". Mr Kitzhaber's short-term hope is to introduce a proposal in the 2007 state legislature. ■

Health insurance bill contested by patient advocates

Some of America's most powerful healthcare advocates have launched an advertising campaign to oppose a Senate bill that would allow small businesses and trade associations to offer group health insurance plans. The advertisements opposing the bill have appeared in the main newspapers read by US policymakers: the Washington Post, the Washington Times, the New York Times and USA Today.

Joining the healthcare advocates – the American Association of Retired People (AARP), the American Cancer Society and the American Diabetes Association – in opposition to the bill are 39 state attorney generals who wrote, in a letter to the Senate, that the bill will strip states of many of their rights to regulate health insurers and could leave consumers with reduced care and increasing out-of-pocket expenses.

The National Federation of Independent Business, a staunch supporter of the bill, said it would help small business afford health insurance and has

delivered a petition, signed by about 450,000 people, to Congress supporting the Senate bill and a similar one in the House.

Advocates for cancer and diabetes patients fear the bill could lead to discrimination by employers and sub-standard coverage for those with chronic illness.

Under the legislation, health insurance premiums for employers would go up if a company employs a person with diabetes or another chronic illness, the American Diabetes Association said.

Along with the attorney generals, most Democrat Senators oppose the bill, as well as a number of state insurance commissioners and the Center on Budget and Policy Priorities. The legislation is sponsored by Mike Enzi, a Republican from Wyoming, who is chairman of the Senate health, education, labor and pensions committee. Despite the opposition, Senator Enzi believes he has enough votes to get it through the Senate, which is expected to vote on the legislation on May 8th. ■

Campaign issues

Alzheimer's advocates prepare for "tough fight"

Actor David Hyde Pierce, best known for his role in the television series *Frasier*, is supporting the US Alzheimer's Association in its efforts to double the amount of money it receives from the federal government for research into the disease.

Mr Hyde Pierce, whose father and grandfather suffered from Alzheimer's, joined Democrat Senator Barbara Mikulski and Republican Senator Kit Bond to reintroduce the Ronald Reagan Alzheimer's Breakthrough Act which would authorize Congress to double research funding to \$1.4 billion annually.

"There is real hope that we can reduce the growing threat of Alzheimer's disease through breakthroughs in disease prevention in the next 10 years," Mr Pierce said at the conference to announce the reintroduction of the Act. "New scientific discoveries are occurring regularly that hold great promise, so we need to make the investment now to keep the momentum going."

The association is also working on a second front. Thousands of its supporters, mainly people with the disease and their carers, flooded Congressional offices with telephone calls to try and influence the course of two Budget Resolution bills going through the House and the Senate.

The lobbying was focused on seeing that an amendment that would add an additional \$7 billion to the health, education and labour programmes above President Bush's 2007 budget request was added to both House and Senate bills. Whilst the amendment passed in the Senate, it stumbled in the House and a vote was postponed.

As a result, a House-Senate

conference committee to reach a budget consensus is unlikely to happen before May 15th when the Appropriations process begins. The association is now waiting for the House labour, health and human services and education appropriations subcommittee on June 7th which will debate the bill that funds Alzheimer research and care programmes. The Senate appropriations committees are expected to begin working on their bills in July.

"We are preparing for a tough fight in both the House and Senate appropriations committees", the association told its members at the end of April. In preparation, it is asking Senators to sign a "Dear Colleague" letter calling on the Senate appropriations committee to restore funding for the Alzheimer's programmes and research (the 2007 budget, as it currently stands, would terminate \$13.6 million in funding for Alzheimer projects). The letter, addressed to the co-chairs of the Senate Alzheimer Task Force, requires 51 signatures.

Mr Pierce said that the greatest threat to preventing Alzheimer's, which affects 4.5 million Americans, is lack of adequate funding for research. "Without a continued commitment from our government, cost of treating people with Alzheimer's will bankrupt Medicare and Medicaid and have a severe impact on our economy and our families." Senator Bond said the reintroduction of the Ronald Reagan Breakthrough Act would be "a living memorial" to the former President and "the greatest tribute" to him. "This bill will serve as a living tribute to President Reagan." ■

US continues battle with EU chemicals policy

The American Chamber of Commerce to the European Union (AmCham EU) is the latest US voice to attempt to influence the shaping of the European Union's new chemical legislation. The so-called REACH proposal, if passed, will require the testing and registering of 30,000 chemical substances that are currently on the EU market but have not yet been evaluated.

The US Administration, along with the American Chemical Council, have been fighting to weaken the proposal since its conception. According to a study published in January 2006, the US State Department, the US Department of Commerce, the Office of the US Trade Representative and the US Environmental Protection Agency liased with the Bush Administration about REACH shortly after the proposal was laid out in 2001 (see *The Healthcare Lobbyist*, Issue 10, page 14).

In 2002, then Secretary of State Colin Powell sent cables to US embassies in the EU and some non-EU nations urging them to raise the EU chemicals policy with relevant government officials and the local business community. The primary US concern is that the proposal could adversely affect US exports to the EU to the value of \$150 billion.

In a position paper issued on April 10th 2006, AmCham EU objected to the European Council and Parliament's proposal to publish a list of substances that would meet the criteria under REACH of "substances of very high concern" (to human health and the environment). This so-called "candidate list" would,

AmCham EU argues, become a *de facto* "black list" which will likely cause massive product reformulations, business disruptions and unnecessary barriers to trade before the risk posed by these substances are even assessed under REACH.

"Furthermore," AmCham EU says, "when the Candidate List is published, it is expected/feared that this list will be used by green NGOs (non-governmental organisations) and their Governmental supporters to force companies to not use these substance before they have the opportunity to be authorised and while REACH allows for their lawful use."

AmCham EU says that it is very difficult for companies making consumer products such as toys, food packaging and cosmetics, to justify the presence of "substances of very high concern" in their products and they will therefore require their suppliers to only supply raw materials that are free of candidate list substances. "Considering the complexity of the supply chains and long time-to-market, the product reformulations that this black list effect will generate is likely to be massive, causing major business disruptions and unnecessary barriers to trade while the risks posed by the candidate list substances have yet to be assessed."

The candidate list is expected to be published by the end of 2008 and may contain up to 1,500 substances nominated by EU member state authorities. It is from this list that a prioritisation mechanism will be set up every year to identify the 25-30 substances that will be subject to the authorisation process that REACH will establish. ■

Campaign issues

Gathering in the war rooms against NICE



Hannah Young

The Cabinet War Rooms Winston Churchill's underground centre of operations during World War II was used as the launch venue in April for an alliance of patients and doctors seeking reimbursement recombinant human erythropoietin (EPO) by the UK's National Health Service (NHS).

Organised by public affairs firm Hill and Knowlton, with funding from pharmaceutical company Roche, the alliance, called Voice, Vision and Vitality wants the reversal of a decision taken by NICE (National Institute for Health and Clinical Excellence) against NHS prescriptions of EPO.

Alliance members include the International Myeloma Foundation, Bowel Cancer UK, Leukaemia CARE as well as Ovacome, a group that supports women with ovarian cancer. Dr Atul Mehta, a consultant haematologist at Royal Free Hospital, represented one face of the medical profession within the alliance at the launch event.

The product, which stimulates red blood cells, is important to cancer patients in that it helps relieve anaemia brought on by chemotherapy. NICE's decision, taken on the grounds of cost-effectiveness, has irked UK patients who say that patients in France and Germany are three times more likely to receive EPO.

UK doctors can still prescribe EPO to patients but a NICE decision against it can deter many doctors from doing so because they have to make greater efforts to secure funding for the treatment.

Hannah Young was fortunate

enough to have a doctor who was prepared to seek funding for her treatment. She was diagnosed with ovarian cancer at the age of 19 while she was studying dance at Winchester University. Her experience has led her to become an advocate for Ovacome.

Speaking after the War Rooms conference, where she presented the patient's view, she said: "I had a really positive experience with EPO which is why I feel so strongly about it. Had I not had the treatment, I would have probably been housebound for some time. But with EPO, I could go back to university during my chemotherapy and have a regular life."

"If NICE does not recommend this," she said, "then the doctors may want to subsidise it but won't get the funding from their NHS Trust and their hospital manager's fund. My consultant recognised the importance of treating anaemia but also recognised the importance of fighting for funding for EPO"

An exhibit called the Energy House was set up at the War Rooms to illustrate how much harder life can be for cancer patients with anaemia. The delegates were invited to wear a suit weighted to simulate the fatigue that a patient has and to undertake household tasks such as hanging out laundry to dry and ironing clothes.

The alliance also handed out a report called "giving patients the energy to fight exhaustion". It said that even if anaemia is diagnosed correctly, many

patients are given a blood transfusion which the alliance says is expensive (about £635 for every transfusion) and "is a poor use of a scarce resource that could, and should, be reserved for medical emergencies". EPO injections, the report says, are easier to administer than transfusions,

move convenient for patients, have longer-lasting benefits, and reduced side-effects.

The outcome of the NICE appeal is expected to be published in May 2006 and if successful, it will bounce back to the NICE appraisal committee which will set up drafting new guidance for consultation. ■

Men's health lobby grows

The UK government is being urged to do more to improve the health and well-being of men in the workplace. Lobby group Men's Health Forum is seeking a meeting with Professor Dame Carol Black, the government's new national director for health and work, to urge her to tackle "men's health inequalities" at work.

"The Forum has shown in several successful projects that well-targeted action and messages to men in the workplace can make a significant difference to their health," Peter Baker, chief executive of the Men's Health Forum, said. It is also not lost on the men's health lobby how

women's groups have gained considerable political support for breast cancer.

"Workplace initiatives," Mr Baker told the government, "can, for instance, increase men's awareness of prostate disease, help them lose weight and increase physical activity levels." Men are well-known to be reluctant users of general practitioners and other traditional health services but the Forum believes that if services are taken to men at work they are much more likely to use them.

The Men's Health Forum announced its strategy one day before to the government's health summit on May 3rd. ■

Group's vision for cancer

The UK's All-Party Parliamentary Group on Cancer, set up in 1998 to keep cancer at the top of the political agenda, has published a document entitled "A New Vision for Cancer". The document calls on the government to enhance the role of the National Institute of Health and Clinical Excellence (NICE) to enable it to produce guidance with statutory force on all aspects of cancer care and the entire patient journey.

Significantly, the authors of the document name eight pharmaceutical companies

(AstraZeneca, Lilly, Merck, Novartis, Ortho Biotech, Pfizer, Roche and sanofi-aventis) which sponsored the all-party group's annual conference in 2005, Britain Against Cancer. The document states that all these companies have "medical expertise and a commercial interest in cancer, but have had no involvement in the content of this document". The political disclaimer follows accusations in The Times in February this year that industry lobbyists were too close to the Parliament's all-party groups (see *The Healthcare Lobbyist*, Issue No 9, page 8). ■

Campaign issues

Microbicides campaign exhibits in Brussels

A group seeking to encourage the development of microbicides as a tool in the battle against AIDS held an exhibition in April at the European Commission's Mondrian Building. The Global Campaign for Microbicides brought MEPs and Commission officials to its reception where they viewed an award-winning photographic display depicting life for people with HIV/AIDS in Zimbabwe.

Unlike some campaigns which promote healthcare products as solutions to medical problems plaguing societies, the campaign and its travelling exhibition is not funded by the pharmaceutical industry, but bodies such as the Bill and Melinda Gates Foundation and the European Commission.

"We are lobbying like crazy to get pharma to release leads (for products)," Rebekah Webb, the campaign's European co-ordinator, said. "They (the pharmaceutical industry) have treatments but they are not suitable for taking forward as drugs, rather more as a topical application." The industry does

not see big returns from these treatments but the campaign group sees potentially enormous benefits for AIDS prevention when a product is finally developed.

"A married woman who has an HIV husband and wants children can use microbicides to allow her to get pregnant without being infected," Ms Webb points out. Further more, microbicides, she argues, add to the "cafeteria" approach to tackling AIDS, along with abstinence, condoms and fidelity in marriage.

With the Vatican's recent announcement, through an Italian newspaper, that its line on using condoms has softened (a Cardinal is quoted as saying condom are as a "lesser evil"), the Holy See may well be persuaded that microbicides are also relevant in tackling the disease. But Ms Webb said: "When we get a product, that will be the point when we seek their opinion."

There are currently about 18 candidate compounds in various stages of human testing, with five in or about to enter phase III clinical trials. ■

Bacterial infection on agenda

The International Symposium for Pneumococci and Pneumococcal Disease was used by 600 scientists as a platform for demanding global action on pneumococcal disease, which kills between 800,000 and one million children every year.

Governments were urged to expand access to treatment of the disease, make wider use of

vaccines, and invest in additional research and surveillance projects, the conference in Alice Springs, Australia heard.

Indigenous children in central Australia experience the highest rate of invasive pneumococcal disease but few deaths arise in comparison with the developing world where 90% of pneumococcal pneumonia deaths occur. ■

WHF lobbies to change UN goals



Janet Voute

The World Heart Federation (WHF) is working to have cardiovascular disease added to the United Nations' eight Millennium Development Goals (MDGs) as a way of tackling the disease globally.

Through its Scientific Advisory Board and 86 member societies around the world, the Geneva-based WHF is lobbying governments and heads of states to generate support for adding CVD to the goals because, the federation says, the disease is predominant in the low and middle-income countries which the goals target.

"We want to join the Millennium Development Goals process at international and national levels, as do many colleagues in chronic diseases," said Janet Voute, the WHF's chief executive officer. "More importantly, we have professionals, civil society organisations and partner international agencies in these countries ready to commit time and energy. Our help is needed to achieve better health for adults and children alike and to reduce poverty by the target date of 2015".

The WHF says that an estimated 35 million people will have died in 2005 from heart disease, stroke, cancer and other chronic diseases but only 20% of these deaths will have been in high income countries. The vast majority of deaths will have occurred in low and middle income countries.

"Thus, when the Millennium Development Goals imply that infectious diseases are the leading cause of death in all low and middle-income countries,

this is not totally correct," Ms Voute said. "Chronic diseases are leading the cause of death in every region of the world with the exception of the lowest income countries, including sub-Saharan Africa and even there they are on the rise."

President Olusegun Obasanjo of Nigeria has echoed the WHF's concerns. In a World Health Organisation report published last year he said: "We cannot afford to say 'we must tackle the other diseases first HIV/AIDS, malaria, tuberculosis then we deal with chronic disease'. If we wait even 10 years we will find that the problem is even larger and more expensive to address."

The WHF says specific risk factors have to be addressed in each country to tackle CVD and other chronic diseases. They are: tobacco consumption, abnormal lipids, hypertension, diabetes, abdominal obesity, psycho-social factors, fruit and vegetable consumption and regular physical activity.

The WHF is already working at grassroots level to educate the public in different countries about cardiovascular disease and the need to eat healthily. In April, the WHF announced that it has partnered with Columbia-based children's television programme Plaza Sesame (Sesame Street) to address health issues such as healthy diet, physical activity and smoke-free living. ■

Global developments

Paraguay's NGOs evolving, *by Deborah Bonello*

“Young people here in Paraguay used to have a choice. Either they left the country, or stayed and struggled with their morals and principals, or succumbed to corruption, made a lot of money and friends, but lost themselves in the process.”

So goes one rather dim view from a former NGO founder and gives some background to the limits of lobbying in a country which, although democratic on paper, is still a victim of the corruption and centralisation of power left by the 35 years of the Stroessner dictatorship endured up until the late 1980s.

But, says Raul Gauto, now the regional representative in Paraguay for Avina, an umbrella organisation for NGOs and lobbying organisations in Latin America, things are improving.

“NGOs have evolved,” he says. They used to be groups of warmhearted friends, with good intentions trying to do good things, but have now become more professional, structured and organised.

“Many have also become more transparent and accountable,” says Gauto.

In addition, the Government is cooperating more with civil society and lobbying groups, largely because of pressure from the international community. The power to make decisions has become less concentrated, but is still in relatively few hands, says Gauto.

Desiree Masi, a doctor, specialist in public health, and head of the medical union, says that different organisations always club together to lobby, and their aim is largely to influence the way that the budget is divided.

“The campaign starts around

September each year with the National Parliament's budget for the coming year, and it runs until the middle of December, the date on which they approve the budget proposal in Congress,” explains Masi.

Prior to this, the organisations involved meet to decide which issues to prioritise or emphasize, and to work on how to present the proposal and the justification for a budget increase.

Following the 2004 campaign, an increase of US\$10 million for the health budget was achieved, which included more money to buy vaccines, contraceptives and the creation of a budget for a programme to detect mental retardation in minors.

The year before, Masi and her colleagues achieved a US\$20 million budget hike for medications as well as the funds to create a programme to detect uterine cancer and another for the malnutrition of children below 5 years of age.

“The lobbying is done with members of Parliament (80) and senators (45) during the time that the budget is being studied. Individual lobbying is done with each one explaining the proposal and leaving folders in each office. We also having meetings inside Congress with panels and discussions in order to generate awareness of the campaign.

All the increases in social investment that have been achieved in the last few years were through Congress.

“Until now,” says Masi, “We have always had the support of parliamentary members who made the proposal of the campaign their own and who presented it at the moment of voting in order to be able to include certain questions.

“Without this support it would be very difficult.” ■

US pharma industry to renew lobbying of Japan

The appointment of a new Japan representative with heavyweight corporate lobbying experience suggests that the US industry association PhRMA intends to make a renewed push for reforms to the healthcare and drug pricing systems of that country.

Ira Wolf, who succeeds Antony Butler, told his inaugural press conference in Tokyo that the industry group would pursue a “broad national dialogue” on medical costs within wider government spending programmes. It also aims to strengthen links with local patient groups as part of a continued effort towards the fundamental and comprehensive reforms it sees as necessary to secure access to new medicines.

While he has no direct pharmaceutical industry experience, Mr Wolf has overseen Japan government relations for major US firms including Eastman Kodak and Motorola. He was most recently the Singapore-based executive director of the Asia-Pacific association of air delivery couriers, and has worked as a senior staff member for the US Democratic senators Max Baucus and John Rockefeller. He also has wide trade experience in Asia, including a stint as assistant US trade representative (USTR) for Japan and China in the early 1990s.

Mr Wolf repeated PhRMA's oft-stated positions on the need to support innovation, to improve patient access to information, and to change the “cumbersome” regulatory and clinical trial environment if Japan is to cope with its rapidly ageing population. He pointed to the local unavailability of major drugs launched elsewhere, the declines in Japan's

share of the world market and the ranking of its top drug firms, as well as its low health spending compared with GDP.

Despite incremental changes, Japan's pricing system remains “far from ideal” and penalises the most cost-efficient component of healthcare to control the budget, he told reporters. But he framed the need for changes to address these issues in terms of benefits for patients and the Japanese industry, rather than US manufacturers. One idea worth further consideration is that of mixed (reimbursed and non-reimbursed) medical care, he suggested.

PhRMA has been pushing for Japanese price reform for many years and the subject is seen as a strategic trade issue by the US, whose 1992 Trade Act requires the USTR to negotiate an end to price controls and reference pricing systems in other countries. In past US debates, “artificially low” foreign prices have been described as an unfair trade barrier contributing to high domestic prices and the reliance of the US industry on these to fund R&D.

Japan is a particular concern because of its large market, and bilateral deregulatory discussions have been addressing such issues for several years. The US is pursuing similar themes under its planned free trade agreements with regional markets such as Thailand, Malaysia and South Korea, although a US-Japan FTA is not on the cards at present.

As to policy makers' view that the bullish sales growth forecast by some US firms in Japan could be at odds with PhRMA's position on pricing, Mr Wolf said that the growth predictions reflected companies' large R&D portfolios and the local medical need for new therapies. ■

Global developments

Report prods Italy over lobbying

Italian lobbying is often regarded by EU officials as too informal and based on generic public relations, a new report says, and the Italian practice of hinting for “favours” is effectively outdated.

Some Italians participate in more professional activities such as public debate, think tanks and media blogs. But to have real influence over EU decision-makers, relationships need to be “formal, correct, transparent and trustworthy”, the report, by the Centro Italiano Prospettiva Internazionale (CIPI), says.

In contrast to Britain and Germany, the concept of lobbying and what constitutes effective lobbying is mostly absent from Italian public debate, the CIPI notes. Where the Italians do engage, both as institutions or privately, it is to influence specific processes linked to the distribution of EU funds. With the annual EU budget at €100 billion, this is not surprising. But the report says it is a short-sighted strategy.

The EU budget only represents 1% of the EU 25 member states’ gross national product (GNP) and its allocation is, to a large extent, fixed for seven-year periods. “The rush to get the lion’s share is not economically relevant”, the report says. What is relevant in lobbying Brussels is the impact on European legislation and in turn the influence that this legislation has on the national GNPs and their respective competitiveness with other member states.

Italian influence on EU legislation is still too concentrated on the last mile, an approach with which the report calls an “emergency strategy” (because Italian lobbying begins at the later

stages of the decision-making process, when rules have largely been defined, the only action that often remains possible is the veto). Instead, the Italians should be taking a leaf out of the Anglo-Saxon book and focusing on a long-term strategy of shaping legislation to the self-interest of the sector or institution represented.

The report also notes that Italian companies in Brussels rarely request consultancy services or professional lobbying services when approaching the European institutions to influence the decision-making process. In the few cases when companies do request services, they resort mainly to Italian lawyers.

The report contrasts the Italian approach to Britain and Germany, two countries most active in lobbying Brussels. Lobbying is a central activity for British organisations and representations in Brussels. As a result, there is a strong link between the private sector and British diplomats or MEPs. The British MEPs do not hesitate to support British lobbyists in the name of “national interest” and for the sake of bridging political divisions at home. Thus, says the report, the British presence in Brussels is able to act as a “system”, where the “director” is the UK Permanent Representative to the EU.

The advantage of this is that the UK gets to see its interests well represented at all levels of the European systems, particularly in those areas it considers strategic. Also, its influence is constant and exercised from the first stages of the decision-making process (thereby making the veto rare).

German lobbying, however, is more complex and slower but is able to achieve important results due to the strength that

German interests have in the European arena. The report says, comes from a constant dialogue among the various parts that make the German political and economic matrix, and from the “high quality of individuals” who represent German interests in Europe.

The report does offer hope for Italy too. It seems that a new generation of Italian representatives and lobbyists is seeing the light of day in Brussels, mastering essential know-how. The report then offers the following guidance for increasing Italian competitiveness in lobbying:

- gain an in-depth knowledge of the European decision-making process at all its stages; create synergies, look

for partners who share compatible interests, to increase the impact of lobbying campaigns; improve the command of other languages (especially English);

- develop concise and to-the-point communication skills; define priorities and the medium and long-term strategies; act in a “pre-emptive” way rather than banking on emergency strategies at the latest stages; encourage the attention and the support of the Italian and other European media for Italian lobbying action; and increase the number of specialised training courses in lobbying and public affairs at Italian universities and in legal and commercial offices. ■

Healthcare issues dominate Hungarian election

Healthcare policy and financing were made a priority for Hungary’s current ruling socialist party, the MSZP, and the Hungarian Civic Union (Fidesz), the main opposition party, in their pre-election manifestos in April. But Istvan Mikola, Fidesz’s candidate for deputy prime minister and a former health minister, was more populist in his promises.

In 2006, the government allocated Ft1.3 billion or 5.9% of gross domestic product for healthcare. Mr Mikola said this should be raised by 70% in the next four years to 7% of GDP. But the country’s finance minister argued that Ft700 billion (\$3.2 billion) must be saved by 2008 to achieve a reduction of the budget deficit from the current 6.1% of GDP to 3% to meet the criteria for the introduction of the euro.

Mr Mikola also promised to curb pharmaceutical companies’

profits and use the extra cash for the modernisation of healthcare infrastructure and the reorganisation of the whole system. He believed high profits of drug makers, including the local firms, Gedeon Richter and Egis, were the main reason for the chronic lack of money in healthcare, and advocated drug price cuts and the reconsideration of reimbursement levels. However, the profit figures he indicated were inaccurate, according to local media. He also wanted to keep the main healthcare institutions under state ownership.

The MSZP won 43% of the vote compared with Fidesz’s 42%. However, the latter lost an ally when the Hungarian Democratic Forum severed their coalition, having won more than 5% of the vote, while the MSZP continues to be supported by the Alliance of Free Democrats with 6.5%. ■

Opinion

Dutch health insurance reform shifts power towards the insurance industry, *by Carla Schoonderbeek, partner, NautaDutilh*

A new health insurance system came into being in the Netherlands at the beginning of 2006. The distinction between public and private health insurance has now disappeared and a uniform (standard) health insurance package has been created by law. As a result, a marked shift in power towards insurance companies is being observed.

The standard insurance package created by the reforms and offered by private health insurance companies aims at providing access to necessary care in accordance with current medical standards and is the same package that was included in the old social system. Insurance according to the standard package is mandatory for all citizens and acceptance of all citizens is mandatory for all insurance companies that offer the standard insurance, regardless of age or condition of health.

The new system has been established after decades of discussion between governments and parliaments of various political directions and has been driven primarily by a desire for cost containment in light of continuously rising costs of healthcare.

Although there has been extensive discussion over the past few years between the government, the insurance industry and other stakeholders, it can not be said that the new system is the result of lobbying efforts.

However, the common understanding grew that where cost containment is necessary, who would be better equipped to contain the costs than the payer: the healthcare insurers. Therefore some eight years ago, when the contours of the new system became visible, it was

established that the “direction” of the new system should be with the insurers and the government should only create the conditions to ensure equal access to healthcare for all citizens. The solution that has finally been found is supposed to provide the best of two political worlds: the government that proposed the legislation is partly liberal and the new act has strong liberal influences: create competition and lower cost then better quality will follow.

However, to appease the coalition parties and the rest of parliament, strong elements of the old social system remain in place. The most important one is that the government decides on the standard package, which ensures “access for all” to necessary care. Another element is that lower income classes receive a monetary contribution to compensate for higher insurance premiums.

The new system seeks to promote competition at two levels. Firstly, health insurers should compete on price and quality of care in order to provide more and better choices to the consumer in respect of their health insurance. To understand the scope of the new playing field in this respect it is important to realise that the market share of social healthcare has always been around 70%. In the old system, social health insurance was provided by semi-governmental bodies. Risk exposure for these companies was limited and the premium was set by the government. All of this has now changed, all insurance companies have equal opportunities by law, all are exposed to risk and the limited risk sharing mechanism which is still in place (the law creates a fund that distributes part of the

premium in accordance with the percentage of high risk patients insured by the health insurance company) is shared by all insurers.

Secondly, healthcare professionals should compete. The aim is that the insurance companies will contract the best professionals to provide care to their insured. According to the legislator, through these mechanisms healthcare will remain of good quality and affordable and therefore accessible for all.

The instruments to provide the insurers with the directorship are partly in the new Healthcare Insurance Act and partly in a series of other laws and regulations.

In the Act itself it is stated that insurers may, at their choice contract the services of certain healthcare professionals or institutions in parts and from different providers. So, rather than contracting a pharmacist, they may contract an Internet pharmacist for all diabetes care and a local pharmacist to provide the patient with less frequent care. Also the hospital system is being liberalised. Up until a few years ago all hospital services including all specialist doctor care had to be provided by non-profit organisations. By now, certain frequent elective care may be provided in profit seeking institutions and the government has stated its intention to fully liberalise the sector by not later than 2012. Also the financing system is being changed: whereas up till 2005 hospitals were all budgeted for a fixed amount, since January 2005 the so-called diagnosis-treatment-combination (DBC) system has been introduced, which allows free prices to be negotiated between the

healthcare insurer and the hospital for a number of less complicated treatments. Again this DBC system will be extended in the coming years. All of this has led to new initiatives: general hospitals are spinning off certain areas of care and participate in profit seeking institutions. Equally, healthcare insurance companies take part in these new institutions.

So far, all of this is within the context of the law and provided for by the law. Importantly, however, healthcare insurers, especially the former social insurance companies, extend their “directorship” activities beyond what is specifically provided by the law and have entered a grey area, not specifically regulated by the law, which has already, a few months into the system, given rise to a series of legal proceedings between insurance companies, patient organisations, doctors organisations and the pharmaceutical industry. This has to do with initiatives to guide prescription of medicinal products. Although several medicinal products with different active substances are included in the standard package, healthcare insurers offer bonuses to general practitioners and hospitals alike to prescribe only the cheaper substances for the vast majority of patients.

Strangely enough the new system only received opposition and media attention in the final part of the discussions in parliament when the Act had already been adopted by the Second Chamber of Parliament and could only be accepted or rejected by the First Chamber of Parliament. Only then the public realised that the new law could lead to considerable changes.

cont'd on page 11

Opinion

Banning gifts is good, invading privacy isn't,

by Carl Adams, president, FAPL

Lobbying is an ancient art, as old as government itself – and frequently viewed with suspicion.

But it's a legitimate activity protected by the First Amendment, which states: Congress shall make no law abridging the freedom of speech – or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

Perhaps because the lobbying profession is so little understood, it is often viewed as sinister. Yet, in simple terms, lobbying is advocacy of a point of view – whether it be that of colleges and universities, churches, charities, environmental groups, senior citizens or private companies. The First Amendment protects all lobbyists, be they independent, volunteer or paid.

The Florida Association of Professional Lobbyists (FAPL), whose members represent all or most of the interests mentioned, was formed in 2003 and dedicated to maintaining integrity and high standards for all who seek redress before the legislative and executive branches.

After serious consideration of Florida's lobbyist reform bill passed in December, FAPL and two individual plaintiffs filed suit in Leon County challenging the law because it invades the privacy of persons seeking fundamental redress of issues before the Legislature.

We would have preferred to address our concern to the Legislature itself, but neither FAPL members nor most lawmakers were allowed to see the legislation before its passage. We were denied any fair

opportunity to give our input.

While it has been marketed as a mere "gift ban," it is much more than that.

To be abundantly clear, FAPL does not object to any law or rule prohibiting lobbyists or principals from providing public officials with food, drink or any other item that could be considered a gift. The Legislature has every right and perhaps a duty to curtail such activities.

The bill's fatal flaw is its assumption that everyone has a right to know everything about anything. The right to know exists so that the people may learn about their government and officials – not so government may pry into private lives. Our fundamental right of privacy safeguards us from such intrusion in the absence of a compelling reason for it.

The Legislature conducted no hearings to learn what purpose this intrusion would serve or what harm it might do. It heard no testimony and made no findings that it would solve a single problem. It simply ordered the pay of private citizens to be made public. Logic and reason were replaced by politics, pure and simple.

Let's examine the public interest in how much a lobbyist is paid.

First, current law forbids contingency fees, so payment reflects neither effort nor result. And the new law does not allow lobbyists to spend *one penny* on legislators or staff – so where's the beef? Why should the public need to know how much I take home to my family? And since I am not allowed to spend anything on legislative personnel, why should they care?

Under the guise of strengthening lobbyist regulation, which is not a bad thing, the Legislature has unconstitutionally infringed upon our rights and that of their constituents – church, school, the elderly, the young, the poor, the rich and every Floridian – to petition the government and have their voice heard. There are other difficulties with the legislation, including that it prohibits lobbyists from making contributions to political

candidates and committees – a right of every other citizen.

Our litigation will be expensive, but we cannot sit idly by while our rights are destroyed. The Legislature should take another look at this law, clean it up, and then provide Floridians with one of the best lobbyist regulatory environments in the nation.

Banning gifts to legislators and staff is a good thing. Intruding into private lives is not. ■

No legislation without representation?

By Alexandra Wyke of HSCNews International

A 2006 *Health and Social Campaigners' News* (HSCNews) global survey found that as many as 40% of 179 health advocates maintained a presence on national government panels.

The US Food and Drug Administration (FDA) and the European Medicines Agency (EMA) both operate mechanisms to gather opinion from health advocates. Recent healthcare reforms in the Netherlands relied upon input from De Nederlandse Patiënten Consumenten Federatie (NPCF), an umbrella group of patient and consumer organisations that represents the interests of 2 million people (or 12% of the country's population).

The consultative role that health campaigners take so

seriously, however, may not be making much difference to policy outcome. Rumbblings among the groups themselves indicate several deficiencies.

A prominent US health advocate in the field of genetics has claimed that "in too many cases, consumer advocates are token, with no real attempt to solicit a broad spectrum of consumer perspectives in a way that actually brings about meaningful change."

The Chronic Illness Alliance (CIA) of Australia told the HSCNews survey: "Health advocates whose views prove disagreeable to government find themselves ousted". But perhaps the biggest problem of all is self-doubt. Health campaigners do not believe that politicians take them seriously. ■

cont'd from page 10

It is too early to tell if the objective of the law: cost containment while keeping quality in tact, will be reached. What can be concluded already, four months into the system, is that the power shift towards the insurance companies is taking

place, not only on the basis of the content of the law, but perhaps even more on the generally accepted principle that the payer decides. Whether in the end this is in the interest of the user, the patient, remains to be seen. ■

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People

Outgoing pharma chief warns against spending cuts

Dr Vincent Lawton, the outgoing president of the UK's pharmaceutical industry association, the ABPI, warned governments against the short-term political temptation to cut spending on modern medicines, alluding to the current furore in the UK over the mounting debts of the National Health Service (NHS). Modern medicines are key to reducing healthcare costs and improving outcomes, he told those attending the ABPI's annual dinner at the beginning of May.

"As the pace of growth in the NHS budget begins to slacken, we can play a crucial role in securing efficiency and the most effective use of NHS resources. A long-term approach is needed... By keeping patients out of hospital and providing more cost-effective healthcare, modern, innovative medicines are a fundamental part of the solution to the NHS's funding situation. They are not a contributory factor, as some might believe," Dr Lawton said.

Despite an "inquisition" by the UK parliament's health select committee into the influence of the pharmaceutical industry on the NHS, as well as the "unexpected inquisition" by the Office of Fair Trading into the Pharmaceutical Price Regulation Scheme, Dr Lawton remained upbeat about the future prospects for the industry.

Advanced diagnostics, based on genetic and other types of screening, will lead to a greater emphasis on prevention, such that patients will avoid costly procedures and surgical interventions that currently absorb billions in healthcare spending, he predicted. Medicines will be tailored to those who will respond to a

particular therapeutic. Pandemic flu, AIDS or even Alzheimer's will be confined to the history books, like the bubonic plague.

However, Dr Lawton pointed to the vaccines sector as an example of what can happen when governments pursue the wrong type of healthcare policy. 30 years ago there were 26 companies conducting vaccines research, but the global procurement policies by governments stripped the incentive out of the market. Now, there are just six companies working in this field, and faced with the global emergency demand for pandemic flu vaccines, "we clearly see the folly of a policy that does not reward innovation", he commented.

UK minister of state in the department of health, Lord Warner, who also spoke during the dinner, put forward the idea of creating "headroom" for new expensive therapies by reducing spending in other areas.

"While the government is willing to pay a fair price to reward innovation, industry must recognise that in order to help create headroom for this we must also look at encouraging disinvestment in less cost effective treatments and technologies," Lord Warner said. Recently, it has been suggested that NICE should focus on identifying older therapies and technologies that should be discontinued.

Lord Warner also appeared confident that long term leadership strategy talks, being held as part of the ministerial industry strategy group process, would yield results. The participants are looking at improving the uptake of new medicines, facilitating joint working between the NHS and industry, and improving regulatory practices. ■

People

Cameron's world revealed

UK public affairs company Weber Shandwick has published a report on the Conservative opposition leader David Cameron, naming the key people and institutes who are likely to have the most influence on him over the next 18 months.

Jon McLeod, chairman of Weber Shandwick, describes the report as a snapshot of the people, policies and groups that are shaping the Conservative Party under Mr Cameron. It also serves as a generic model for those involved in government affairs who want to influence key policymakers in their countries.

Four new Conservative think-tanks are outlined in the report as being the most likely ones that Mr Cameron will listen to: Policy Exchange; Civitas; Social Market Forum and the Institute of Economic Affairs.

Of Civitas, the report says that, while largely right of centre, it prides itself on promoting sensible solutions to issues, particularly healthcare, regardless of political affiliation. Despite having a managing director and director of community studies who have both been members of the Labour Party, Weber Shandwick believes that Mr Cameron may well listen to Civitas. "With the Tory Party trying to appear more socially liberal, it is going to need the assistance of groups like Civitas to help it form 'community policies'," the report says.

Other, more established think-tanks which Mr Cameron may listen to are the Centre for Policy Studies (CPS), the Bow Group and the Adam Smith Institute. However, Weber



David Cameron

Shandwick notes that Adam Smith "never quite recovered from having conceived the poll tax" and the CPS was more influential during Margaret Thatcher's period of leadership. However, the Bow Group, the oldest centre-right think-tank in Britain, "is producing research with a modernising slant, aiming to capture the (Conservative) Party's current mood."

The report also presents a pyramid chart, with Mr Cameron sitting at the top, and various columns below listing people from different spheres of influence: frontbenchers; supporters; advisers; the media; policy group chairs; and financial backers.

Some on the chart have both political and family connections, suggesting a special closeness. For example, under "advisers" there is Steve Hilton, a key strategist, long-term ally and godfather to Mr Cameron's son Ivan. Under "supporters" is Sir Ferdinand Mount, head of the Downing Street Policy Unit under Margaret Thatcher and second cousin to Mr Cameron.

The policy groups maybe of particular interest to healthcare companies, particularly those looking at competitiveness and quality of life. Wokingham MP John Redwood is chairman of the Policy Group on Economic Competitiveness. This group will spend the next 18 months undertaking the "long-term thinking required to reverse the decline in Britain's competitiveness". In terms of competitiveness, the Conservatives will probably

look towards a simplified tax system in order to attract overseas investment in the UK. "The idea of a flat tax has been subtly dropped, as it was seen as too blunt a tool and likely to compromise achieving genuinely equitable tax system," the report says. MP John Gummer will chair the Policy Group on Quality of Life to review everything from "the food we put in our mouths to the quality of air we breathe".

Notably, these policy review groups (there are six outlined in the report on social justice, national security, global poverty, public services as well as competitiveness and quality of

life) exist only on paper at the moment. The membership is still undecided, the support staff are still being recruited and the exact terms of investigation for each group have not been decided either.

"In part," the report says, "the leeway they (the policy groups) are given will depend on Cameron's honeymoon lasting: if Cameron's popularity declines, then it may be the case that the (policy) reviews get rapidly rewritten along a more staunchly conservative line." The report can be obtained from Mr McLeod by calling Weber Shandwick on +44 (0)20 7067 0000. ■

Ignagni is Washington's "best healthcare lobbyist"

Karen Ignagni, president and CEO of America's Health Insurance Plans, is named as the best healthcare association lobbyist in Washington DC in a ratings list published by the Capitol Hill focused newspaper *The Hill*.

Closely behind Ms Ignagni are Chip Kahn, president of the Federation of American Hospitals, and Mark Merritt, president of the Pharmaceutical Care Management Association, which represents pharmacy benefit managers.

The *Hill* describes Ms Ignagni, who is 14th in the rankings of all association lobbyists, as influential and that her members "will begin to find out if the Medicare drug benefit is a multibillion-dollar winner or a magnet for more backlash against HMOs (Health Management Organisations)".

Mr Kahn, in 16th place, is described as "formidable" with a strong record for getting what his members need, "but this year could be different if the industry continues to resist key elements

of the White House's agenda".

Mr Merritt, in 20th position, has proved a "steady ally" for the Bush administration which, the newspaper says, has been on the defensive about the new Medicare drug benefit. "Merritt routinely counters Democratic attacks with salvos on his own," the newspaper says.

Separate to the list of top association lobbyists, *The Hill* has also published a list of people who they consider the top interest-group lobbyists. Leading the way is Nan Aron of Alliance for Justice who fought the Republican party over President Bush's nomination of two conservative judges Samuel Alito and John Roberts to the Supreme Court.

Surrounding the fight over the nomination was the issue of whether *Roe vs Wade*, the ruling that legalised abortion in the US in the early 1970s, would be overturned by the appointment of conservative judges. Whilst Ms Aron, whose

cont'd on page 15

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Resources

THE LOBBY SCHOOL is holding a State Legislative Lobbying seminar in Colorado from June 15th-16th. The event runs from 8.30am to 5pm and registration costs \$375 which includes lunch and two publications on lobbying. For further details, email info@lobbyschool.com.

UK-BASED PINNACLE PUBLIC RELATIONS is offering a practical training course led by professional lobbyists on what you need to know about running a lobbying campaign, either directly or through a consultancy. The course features practical workshops, analysis and discussion of successful real-world lobbying campaigns, and senior guest lecturers. Priced £1,190, the next two-day seminar starts on June 15th. For details, contact enquiries@pinnaclepr.co.uk.

IMPROVING THE IMAGE OF THE PHARMACEUTICAL INDUSTRY is one of the key topics on the agenda of a conference in New Jersey from July 17th -18th. The 2nd Annual Pharmaceutical PR and Communications Summit is run by Exl Pharma for pharmaceutical, biotech, medical device and healthcare PR and communications professionals. Speakers will include Jeff Winton, group vice president, global communications for Schering Plough and Janie Kinney, GSK's vice president of federal government relations and public policy. Exl Pharma is also running their very first Pharmaceutical Advocacy and Lobbying Forum in Washington DC on May 22nd and 23rd, as reported in a previous issue of *The Healthcare Lobbyist*. For more details about these two events, visit www.exlpharma.com.

THE ASIA PACIFIC BRANCH OF GLOBAL PUBLIC AFFAIRS FIRM Burson Marsteller is extending its internal training by offering to tailor and personalise courses for clients to help companies address communications challenges in their markets using consistent and clear strategies. The training will involve actual, anonymous client experience and best practices in workshops conducted as lectures, group discussions, role-playing and team exercises. For further details, contact Andrew Eklund at Andy__Eklund@au.bm.com.

APCO Worldwide has opened a new office in Singapore to provide an improved service to clients across Asia and Australia. The new office, to be directed by lawyer and former journalist Hans Vriens, will play a key role in

APCO's work in Indonesia and Vietnam and collaborate with other offices in Hong Kong, China, Australia and India. To contact the Singapore office, email hvriens@apcoasia.com.

THE GERMAN PHARMACEUTICAL INDUSTRY ASSOCIATION, the VFA (Verband Forschender Arzneimittelhersteller) has set up a new interest group called VFA Bio to lobby specifically on matters that affect the growth of biotechnology companies in Germany. The new group's aim is to make Germany the best location in Europe for biotechnology. For further information about joining the group, see www.vfa.de.

A FREE TELEPHONE AND EMAIL SERVICE which people can use from anywhere in the European Union to find answers to questions about EU policies has been set up. The service, called Europe Direct, was launched in 1998 during the UK presidency by the then European Commission President Jacques Santer and British Prime Minister Tony Blair. In May 2004, it became a single telephone number (00800 6 7 8 9 10 11) and is now operation in the 20 official languages of the EU.

EUROPEAN MEP MIROSLAV MIKOLASIK will be co-hosting a hearing at the European Parliament with MEP Peter Liese on the subject of advanced (gene, cell and tissue-based) therapies. Mr Mikolasik has recently been appointed the Rapporteur to the new European Commission proposal for a Regulation on Advanced Therapies. The new rules will bring these therapies into a single, integrated and tailored European regulatory framework to "ensure consistency across Member States". The aim of the hearing is to broaden discussion and share views on the regulatory proposal. The hearing takes place on Thursday, May 11th at the European Parliament in Brussels. To attend, write to mmikolasik@europarl.eu.int.

THE EUROPEAN TRAINING INSTITUTE IN BRUSSELS is holding a "Masterclass in EU Lobbying" on September 28th - 29th with specialists from professional lobbying companies and lobbying associations speaking. The masterclass will look at lobbying and corporate strategy, upstream and downstream networks, lobbying tools, working with NGOs, media relations and the interaction between the EU and national

lobbying. For further details, contact Fanny Derouck-Tadros at the ETI on +32 (0)2 400 77 30 or email info@e-t-i.be.

THE AMERICAN LEAGUE OF LOBBYISTS (ALL) is hosting a course called "Communicating with Congress, the Administration, regulatory agencies and the Media" on June 26th at the American Trucking Association's premises in Washington DC. ALL members or guests pay \$105 and non-members pay \$205. To register, contact ALL at alldc.org@erols.com. Also, ALL hosts a social programme every Thursday for young lobbyists (anyone under 40 years of age) at the Hawk and Dove, 329 Pennsylvania Avenue, Washington DC. The Young Lobbyist Network events are free of charge and require no registration. Those interested can just turn up.

USTRAINING PROVIDER THECAPITOL.NET is running a course on September 29th called "Strategies for working with congressional staff". Attendees will learn the dos and don'ts for developing relationships with congressional offices, and how to schedule, prepare for, and effectively conduct meetings with staff. Registration fee is \$345. For further details, see www.WorkingWithStaff.com.

"WORRY FREE ADVOCACY" is the title of a one-day workshop on June 2nd, 2006 for people working in the non-profit sector in the US. The event takes place at the Center for Nonprofit Advancement in K Street, Washington DC and will look how much lobbying a non-profit organisation can do, whether grants are available for lobbying, and what the California disclosure rules are. For further details, contact Kyle Murphy on +1 202 822 6070 or email him at Kyle.Murphy@afj.org.

cont'd from page 15

organisation is pro-choice on the abortion issue, failed to prevent the appointments of Msrs Alito and Roberts, The Hill says that she was "a constant thorn in the side of the GOP's (Grand Old Party's) side during both fights.

Joan Claybrook of the watchdog Public Citizen comes in third in the interest-group lobbyists' list, partly because she had "plenty of fodder lately". The newspaper is referring to ethics scandals as well as "the drug industry [which] has had to answer more questions about cost and safety". ■

IN THIS ISSUE

Legislation

Floridians file suit against lobbying law 2

Internet exempt from US campaign finance laws 2

Finland's presidency of the EU promises greater transparency 2

Civil society groups respond to MEP's attack on NGOs and funding 3

EU rejects US-style lobbying disclosure 3

Campaign issues

Ex-governor advocates radical healthcare reform.... 4

Health insurance bill contested 4

Alzheimer advocates prepare for "tough fight" ... 5

US continues battle against EU chemicals proposal 5

Gathering in the warrooms against NICE 6

Parliamentary group's vision for cancer 6

Men's health lobby gathers strength 6

Microbicides campaign exhibits in Brussels 7

World Heart Federation lobbies to change UN Millennium Goals 7

Global developments

Paraguay's NGOs are evolving 8

US pharma industry to renew lobbying of Japan 8

Report prods Italy over lobbying 9

Healthcare issues dominate Hungarian election 9

Dutch health insurance reform shifts power towards the insurance industry ... 10

Opinion

Banning gifts is good, invading privacy isn't 11

No legislation without representation? 11

People

Outgoing pharma chief warns against spending cuts 12

Cameron's world revealed . 13

Ignagni is Washington's "best healthcare lobbyist". 13

Resources 15

APCO Worldwide opens new office in Singapore

German industry body sets up biotech lobby group

MEP holds hearing on advanced therapies

The Lobby School holds seminar in Colorado

Restaurant Review 16

Restaurant Review

By Gina Coladangelo, partner, Luther Pendragon

Quirinale is Rome's presidential palace, one of the seven great hills of Rome – and now, one of the best lunchtime restaurants in Westminster. Nestled underneath the Institute of Economic Affairs, one of the UK's oldest think tanks, and a stone's throw from the Commons, this Italian restaurant is a rare find in a London postcode awash with over-rated eateries.

The restaurant is light, airy and calm, and unusually for SW1, is an easy place to do business, talk politics and eat at the same time. Most importantly for me, as the daughter of an Italian, the food is exceptional. The cheese board is particularly good with a diverse and delicious selection; and anything with shavings of their black truffle is almost too sinful and decadent to eat at lunchtime. Importing many ingredients direct from Italy, all Quirinale's dishes are simple and its menu changes regularly, based as it is on seasonal produce.

Of course, the tiny problem with being this good and this convenient is that Quirinale is neither



Gina Coladangelo

cheap nor easy to book, and if you order after 1pm, you can end up waiting a while for your food. But the delivered meal is always worth the (slight) delay and if you run out of conversation with your guests, you can always spend time speculating why the political correspondent of that particular newspaper is meeting with that particular MP at the next-door table.

Quirinale offers one of the loveliest places to meet clients, MPs, journalists and contacts in Westminster and is undoubtedly one of the best Italian restaurants in London. Just so long as you don't mind who sees you-

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