

International monitor on health policy developments ◆

Questionnaire 2010

A. The approach

Overall goals – what we want to know

Does health policy reform work? How and why? This is what this questionnaire intends to explore. The focus of this survey is therefore

- on the analysis of the common features of health policy and health care reform across industrialized countries,
- on the sequential analysis of health policy ideas, change processes and change management in health policy. Particular attention will be paid to key players, their interactions, and on stewardship in health policy as a factor of change.

Network objectives

1. To obtain and analyse information on changes and developments in health sector reform on a regular basis and over time;
2. to scout, monitor and follow a (new) health policy idea or approach from its inception stage through the policy and law making process until implementation;
3. at each stage of the process, to describe and analyse the formal and informal interactions of all players and stakeholders in the decision making process;
4. to capture best practice models already established.

What we want to do with it

1. To establish an effective tool for monitoring innovative ideas as they evolve and travel within and across health care systems;
2. to systematically analyse decision-making processes leading to health sector reforms, or facilitating change in health policy;
3. to review and disseminate that information in an efficient, straightforward, and rapid manner among all network partners (half-yearly reports; internet platform);
4. to organize the transfer of findings and results into the German health policy making process (consultations, advisory activities).

A word of caution:

We do **not** seek to provide health system descriptions for the countries participating in this network. For most network countries, comprehensive health system descriptions do already exist. We particularly recognize the country studies developed and published by the European Observatory on Health Care Systems, the "Health Care Systems in Transition" (HiT) profiles. HiTs exist for 16 out of currently 20 network countries. For Japan and the US, OECD Labour Market and Social Policy Occasional Papers are similarly comprehensive. For Singapore and South Korea, other suitable documents have been identified.

B. The structure of this survey

In each survey round covering six months, we will ask you to provide information on the progress of a health policy idea, approach or instrument from the early stage of inception towards implementation over time.

For every six-month-period, you will describe five or more such key health policy developments selected according to the four criteria mentioned below. We are interested in comparing the background/context of a key health policy issue, its players/process interactions, and, - with a view to implementation – its potential impact.

The criteria for selection of a health policy development are

- **relevance and scope,**
- **impact on status quo,**
- **degree of innovation (based against national and international standards), and**
- **media coverage / public attention.**

We are particularly interested in those reforms with significant impact on the overall structure and organization of your country's health system.

The questionnaire to be filled out for each of the selected health policy developments starts with a two-dimensional matrix, picturing key issues (15 categories) and their development over time (7 process stages). For each of the selected key health policy issues, we will ask you to provide a more detailed analysis of stakeholders and their interests and interactions - along the stages of the process. The matrix allows you to categorize both the issue addressed and the current stage of the process from inception to abolition.

It is possible that some ideas evolve very fast from one stage to the next, and you may also observe that others do not necessarily follow the process, "surfacing" in at stage 2 and/or "jumping" across various stages during the period observed.

Matrix - 1st Dimension: issue clusters ◆

1. Sustainable Financing of Health Care Systems: This cluster has been divided into 1. "funding and pooling of funds" and 2. "remuneration and paying providers", i.e. the relationship between population/patients and payers on one side and between payers/purchasers and providers on the other. The first sub-section includes generation and collection of funds for health care (i.e. taxes, social insurance contributions or co-payments) as well as their pooling and (re-)distribution to the payers (sickness funds or health authorities, incl. risk structure compensation). Important considerations relate to efficiency and equity. The second sub-section includes budgeting, diagnostic related group (DRG) systems, drug pricing policy etc.
2. Human Resources: Education & training, numbers & planning, projected shortages of qualified medical and non-medical personnel etc.
3. Quality Issues: This should include tools such as guidelines, evidence-based-medicine, peer reviews, re-certification of physicians, outcome measurements as well as measures to make them work (i.e. purchaser-provider contracts, financial/non-financial incentives), patient safety and medical errors/malpractice, public disclosure of provider performance data, benchmarks, best-practice.
4. Benefit Basket and Priority Setting: This cluster includes both the decision-making process on (new) technologies and services, i.e. whether health technology assessment becomes mandatory, as well as actual changes in the benefits covered, i.e. the exclusion of dental care.
5. Access: In contrast to the previous cluster which deals with technologies and services, this cluster is about de facto access by individuals to health care, including problems such as rationing, waiting lists (equity concerns!) etc., strategies for solving these restrictions, and for reducing disparities in care.
6. Responsiveness and Empowerment: responsiveness of the Health Care system and of health policy to patients, payers' ◆ expectations, patients' rights and patient chartas.
7. Political context and public administration: includes levels of competency (incl. EU), centralized vs. decentralized responsibilities, policy making styles, stewardship role etc. ◆
8. Organization / Integration of Care across Sectors: This cluster incorporates developments which aim at the reconfiguration of health care providers, especially to overcome institutional and sectoral boundaries in order to provide disease management and other forms of integrated care.
9. Long-Term Care: care for the elderly (i.e. measures aiming particularly at this group even if it also fits into one of the dimensions above).

10. Role of Private Sector: This cluster deals with developments which specifically aim at changing (regulating, deregulating) the role of the private sector in funding and/or delivery of health care. Depending on your country, it may be useful to make a distinction between private for-profit and private non-profit health facilities. You may also want to report a development that occurred within the private sector (mergers, concentrations of payers and/or providers, i.e. HMOs/PPOs, health insurances, hospital chains, group practices etc). However, the invention of a break-through technology - should be categorized in the next cluster and not here.
11. Pharmaceutical Policy: Drug pricing policy, generic drugs, pharmaceutical research and drug innovations – some overlap between this category and others may well exist: more specifically with 10 - private sector, 3 - quality assurance, and 4 - benefit basket / priority setting, 5 - access/coverage of insurance plans. However, since pharmaceutical policy often is highly visible, controversial (industry vs. health policy) and heavily interest-loaded at the same time, it is worthwhile having an extra category.
12. New Technology: While we are not interested in all new technologies, this cluster has been included to report and assess technological innovations expected to have major impact on effectiveness, quality, costs, or the organization of the system (e.g. genetic testing, chip card, electronic patient records; teleconsultations, etc.).
13. Prevention: Prevention comprises all initiatives or policy approaches geared towards primary and secondary prevention, and rehabilitation (immunization, screening, health promotion and education, individual health behaviour, lifestyle, environmental health, health and workplace). In contrast to the public health category, the focus here lies more though not exclusively on the individual's responsibility for her/his health status.
14. Public Health: The policy makers are more and more advised by public health experts, replacing the classical advisers from medicine, economics, law or business. The effect of this shift from a single specialists' view to more complex perspective on the health care system is increasingly reflected in public health plans, policy papers with a clear commitment to "New" Public Health, health as a public good, and the close relationship of primary care and public health.
15. Others: If you feel that the health policy development you wish to describe does not fit in any of the clusters, you may create an additional one.

Matrix - 2nd Dimension: Time line / how ideas travel / process stages

1. Ideas for reform voiced, discussed in different fora (e.g. think tanks, professional/providers' groups, advisory councils, consumer organizations, supra-national agencies, others) – even at an early stage, possibly far from a larger expert audience and/ or the political arena.
2. Innovations or/ concretisations of ideas voiced previously (e.g. at local level, within institutions, as pilot projects).
3. Acceptance of idea within relevant professional community and/or (governmental) policy paper at central or regional level.
4. Legislative process: This is perhaps the most complex and interesting stage of all, critical for the success or failure of a draft reform. Please mark here for anything falling under legislative proceedings - from the moment a formal draft bill is proposed through hearings, lobby work and influence, until the effective enactment or rejection of the proposal.
5. Adoption: This stage is about all stages and measures to facilitate the implementation of a policy at the regulatory and professional level◊.
6. Evaluation of change – acceptance or failure?
7. Abolition or further change.

The subsequent questions center around the causes and determinants of a particular health policy issue, and around the steering and regulatory aspects of this issue.

While we ask you to take into consideration the criteria for the selection of a health policy development – i.e. relevance and scope, impact on status quo, degree of innovation, and media coverage / public attention -, the choice of what health policy development is worth reporting and commenting in any given round will obviously depend on your expert judgement and perception.

Please note that the answers to the questions can be brief: 10-40 lines per item or a maximum 3-4 pages per policy should do.

We'd like to encourage you to structure your response according to the guiding questions at the beginning of each sub-set, for two reasons: One, the sub-questions under (5) follow the rationale of the time line in the matrix. Two, evaluation and overall reporting will be easier for us when we receive step-by-step answers. Finally, it will be helpful if you can give references for your information or indicate websites for more detailed information on a given policy.

**Please copy & fill out the following questionnaire
for each of the selected health policy issues!**

Health Policy Network Questionnaire – Survey # 15
Period covered: October 2009 – April 2010

Country:

Survey No.: (15) 2009

Author/s and/or contributor/s: (Please only indicate names of author(s)/contributor(s) or simply the institute’s name if the report is representative of your institution’s position. For additional information on authors such as affiliation, links to personal Web sites, etc. or for names of reviewers please use the subsequent text field “Comment on the authors”)

Comment on the authors:

1. Title of health policy development reported

Policy name / Title of report : (50 characters max.)

Date: (Please use month year format (i.e. October 2009)).

Has this policy been reported in previous surveys?

Yes, in survey (14) 2009

No

Title(s) of the previous survey(s):

2. Anchoring the selected health policy issue in the matrix

Please go through the categories of health policy issues listed in the matrix below and tick where appropriate:

- *This may be a mark in one box only or a horizontal line if a health policy development has progressed through several columns (stages) during the six months.*
- *If a policy clearly relates to more than one category (e.g. the introduction of a new remuneration system to facilitate integrated care), then all the appropriate boxes / lines should be marked accordingly.*

		Process stages						
Issue categories		Idea <input type="checkbox"/>	Pilot project <input type="checkbox"/>	Policy paper <input type="checkbox"/>	Legislative process <input type="checkbox"/>	Implementation <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Abandonment Change <input type="checkbox"/>
1.1	Funding/ Pooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Remuneration/ Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	HR – training and capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Process stages						
Issue categories	Idea	Pilot project	Policy paper	Legislative process	Implementation	Evaluation	Abandonment Change	
3	Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Benefit basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Political context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	System organisation / Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Role of private sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pharmaceutical policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	New technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others – please describe:

3. Abstract (max. 500 characters)

The abstract will appear on the report and on the website’s search results page. Please describe, in a very precise and comprehensive manner, the purpose and outcome (or expected outcome) of the policy or development you describe.

3.1. Purpose of idea or policy

What is the main purpose of the health policy idea? Please describe the main objectives, characteristics and expected outcomes of the policy (idea), approach or instrument. What type of incentives (financial, non-financial) are built into or related to this policy? Whom do they affect and how?

3.2. Structured summary

Main objectives/ characteristics of instrument

Type of incentives (financial, non-financial)

Groups affected (max. 255 characters):

1.

2.

3.

4. Political and economic background of policy development

Was there a change in Government or political direction? Was there a need or pressure to comply with EU legislation (if applicable) or with WTO / GATS regulations? Has this health policy been derived from, or does it aim at, attaining a goal formulated in an overall national (or regional) health policy statement such as health policy program, health plan, health goals? If yes – which one?

Change of government

Comment (max. 255 characters):

Need to comply with EU Regulation

Comment (max. 255 characters):

Need to comply with WTO/GATS

Comment (max. 255 characters):

Need to comply with something else

Comment (max. 255 characters):

Change based on an overall national health policy statement

Statement Title (max. 255 characters):

5. Health Policy Process

5.1. Origins of health policy idea

Where, when, and by whom was the idea generated? What is the main purpose of the health policy idea? What tools will be used to achieve this idea's or policy's principle purpose? Who were or are the driving forces behind this idea and why? Who were the main actors?

Is it an entirely new approach, does it follow earlier discussions, has it been borrowed from elsewhere? Is it aimed at amending / updating a prior enactment ("reforming the reform"), and why would it have been passed? Please explain. Are there small-scale examples for this innovation (e.g. at local level, within a single institution, as pilot projects)? Please explain.

5.1.1. Approach of idea

The approach of the idea is best described as...

new.

Comment (max. 255 characters):

renewed.

Comment (max. 255 characters):

(First voiced, approx. year of entering debate, country of origin etc.)

an amendment.

Comment (max. 255 characters):

(of which reform/ bill/ legislation etc.)

5.1.2. Innovation or model project

Are there any (small-scale) examples of innovation (experiences)?

No

Yes, e.g.

local level (max. 255 characters):

within institutions (max. 255 characters):

as pilot project (pilot sites referred to above) (max. 255 characters):

else (max. 255 characters):

5.2. Initiators of idea / main actors / actor analysis

Please choose from the pulldown menu the main groups of actors (the pulldown menu will appear when you click on the text field “Government”) and fill out the following table detailing for each actor or group actually involved where they stand with regard to the policy under review (For groups or actors not positioned yet or not holding any stakes in the process, leave empty):

Actor analysis

For each actor or group of actors/stakeholders please indicate one or several **specific subgroup(s)** in the subsequent column, following the examples given below: e.g., Government – specify if Prime Minister, MoH, MoF or other office e.g., Providers – specify whether you refer to GPs, specialists, other health professionals, or the inpatient sector (public or private hospitals, hospices, else).

You will then be asked to indicate the **position** and degree of **influence** for each of the actors, or group of actors that you have specified.

Caveat: Please note that when inserting your report online, the content management system obliges you to complete the table (ie. rating for position and influence of each actor) for each actor you mentioned; otherwise, you will see an error message when you save your work and you cannot proceed with the completion of the survey.

On the website, changes of the position of an actor or group of actors will show in different colors (current vs. previous position) in the report generated by this and future follow-up surveys.

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong

	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

Main actors: Government

Comment (max. 255 characters):

Specific actor/group	Position	Influence
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong
	very supportive	very strong

5.3. Policy paper and stakeholder positions

How were or are other stakeholders/affected groups positioned towards this idea or policy and its main purpose? Who opposes / opposed this idea or policy and why? Has the idea or policy been accepted by relevant actors; or was it abandoned? Was a policy paper formulated? By whom? Who held the leadership role in bringing forward this idea or policy? Were there alliances between stakeholders in support of the idea or new policy? Who mediated conflicts of interest between stakeholders?

5.4. Legislative process: Influences in policy making and legislation

Did or will the development of this idea or health policy lead to a formal piece of legislation? In how far has the original proposal been changed or modified in the process? Can you describe powers and influences of the various actors and stakeholders involved in the legislative process?

5.4.1. Legislative process: Outcome

Please choose the appropriate term from the pull-down menus.

Success

5.5. Adoption and implementation

Which actors and stakeholders were, are or will be involved in the adoption process towards implementation? Which means are necessary – i.e. tools for successful implementation / achievement of policy purpose? Who moderates the process? Were or are these actors and stakeholders actively participating in the process? If not, why? Who else is or will be directly or indirectly affected by this implementation? Why and how? How successful was implementation or, what are the chances of implementation (for expert opinion, please use questions 6 and 7)? Where were or are the obstacles? What incentives would facilitate the implementation of this policy, in addition to, or instead of the incentives provided? What was done to convince, or promised to appease, the opponents to this policy?

5.6. Monitoring and evaluation

Does this piece of policy foresee a mechanism for regularly reviewing the implementation process, the impact, and the overall appropriateness of its objectives, its consistence with your national health policy (where applicable)? If yes, please describe. Which indicators

have been determined to measure success? Have precautions been taken to minimize the undesirable effects of the reform? If evaluation has already taken place, please provide results. Did evaluation lead to change or abandonment?

5.6.1. Review mechanism

Mid-term review or evaluation

Final evaluation:

Internal (i.e. quality management system, quality manager)

External (i.e., consulting company, academic institution, independent expert)

N/a

5.6.2. Dimension of evaluation

Structure

Process

Outcome

5.6.3. Results of evaluation:

6. Expected outcome/ overall assessment of policy (expert opinion)

Looking at the intended objectives and effects of the health policy assessed: Will the policy achieve its objectives? What might be its unexpected or undesirable effects? What are or will be the effects on costs, quality, access/equity etc.?

7. Rating this policy (expert opinion)

7.1. Characteristics of this policy

Please choose the appropriate term from the pulldown menus.

Degree of innovation: Traditional

Degree of Controversy: Consensual

Structural or Systemic Impact: Marginal

Public visibility: Very low

Transferability: Strongly system dependent

Please comment upon your overall judgement of the characteristics of this policy:

7.2. Rating the impact of this policy (expert opinion)

Please choose the appropriate term from the pull-down menus.

Impact on quality of health care services: Marginal

Level of equity: System less equitable

Impact on cost-efficiency: Very low

Please comment upon your assessment of the impact of this policy:

8. Sources of information

Please indicate links, papers, or publications for further readings on this health policy or idea, as well as the sources of information or data used for this survey. (For quotations please follow the Bertelsmann Foundation styleguide.)

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9. Keywords

Please choose one or more keywords that best describe the content of your reports. Keywords increase the searchability of your surveys. In the CMS you can choose keywords from a drop-down menu. If you cannot find the appropriate keyword in the drop-down menu, you can suggest new keywords in a separate text field.

Thank you for your cooperation!

Definitions and Comments

- ◇ „Health Policy Development“ has been chosen to capture both active reform processes (i.e. laws, enactments) as well as technological and/or organizational changes with their implications for health policy. Similarly, the term „development“ encompasses the various stages of a „health policy idea“ from its inception or appearance via acceptance, adoption and implementation to decay, abolition, or change.
- ◇ The issue clusters in this matrix are a result of the kick-off meeting of the network participants in Germany in September 2002. In a brain-storming exercise, participants were asked to identify the current five major health policy challenges in their countries. The brain-storming was followed by a factor analysis grouping all issues raised in clusters/categories. The categories were completed during discussions and re-organised for survey purposes
- ◇ The term “payer” is used to comprise users of health care in both (social) health insurance systems (insured) and state / public health care systems (tax payers). In a wider sense, payers can also be purchasers of health services (public or private insurers, social services institutions covering determined population groups), employers contributing to health insurance funds, and patients paying out-of-pocket.
- ◇ Political context: Here we would like to know more about changes affecting health policy competencies (mix/split) at the Government level (Ministry of Health, Ministry of Labour/Social Security, Ministry of Consumer Protection, Ministry of Environment), shifting competencies and/or responsibilities in the organization of the health care system (both funding, remuneration, and service delivery). Key words maybe: Decentralization (devolution, delegation, de-concentration) or centralization trends; role of corporatism and interest group lobbying in health policy making; fragmented levels of responsibility for service delivery (in-patient vs out-patient services); (changing) role of local government vs. central government in health planning, facility management etc.; mechanisms of civil society participation in health care issues.
- ◇ Adoption should include: formulation of accreditation requirements, standards of professional organizations, influence of private sector/market/industry in the adoption process. Note that this step may follow process stage 2 or 3 directly if no legislation was done.
- ◇ This first section refers to any idea floating but not anywhere near a more formal inception stage. It should capture (1) ideas that have only recently surfaced and (2) ideas which have been in the pipeline for some time (retrospective view). This means that the reporting period for this column is not restricted to the past six months. That way, we will establish a „stock of health policy ideas-in-development“. Over time, we should be able to observe ideas (re)appearing a few years down the track (i.e. medical savings accounts in the Australian health policy debate; Primary Care Trusts in the UK, co-payments, reference pricing, etc.).
- ◇ By policy paper / health policy statement we mean any formal written document short of a draft bill: Place a mark here for any health policy paper or program, white paper, commission or expert report, health plan, health goals or similar issued for the policy here described in the past six months.
- ◇ This column is about all aspects and stages of a legislative process - from the formal introduction of a bill/proposed legislation, through parliamentary / congress hearings, the influence interest groups and industry may exert in the process, up to the success (legislation passed) or failure of a proposal: As much as we observe ideas from the very moment they surface through different stages of progress or failure, we try to capture and understand how a proposed legislation succeeds or fails.