

Influencing European Health Policy:
*“Exploring the Dynamics of Health and Corporate
Lobbying in the European Union”*

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Abstract

Translating health evidence into actionable policy, through influence policy processes is crucial for achieving sustainable health outcomes. However, the EU's focus on economic considerations, coupled with its limited legal authority over health, and financial barriers imposed on health actors, has placed health lobbying at a disadvantage compared to other sectors. Making it challenging to assess their influence on policy and legislation. Additionally, the contested nature of lobbying, often being inaccessible to researchers, leaves the concept of health lobbying underexplored. This results in a limited understanding of health lobbying. This study aimed to address these issues and further increase the understanding of lobbying dynamics and the strategic lobbying activities undertaken by both the health and the corporate sector. This could improve the health sectors understanding of their lobbying context and their employed strategies. To tackle this problem, a narrative literature review was conducted which revealed the significant similarities between strategies employed by both sectors. Regardless of this similarity, there were substantial differences in the approaches and outcomes of these strategies, which provide cross-sector learning opportunities. Furthermore, a participant observation was conducted that highlighted the unpredictable and chaotic nature of lobbying. These findings underscore the necessity to include intuitive aspects, more suitable to this chaotic nature, and integrating these approaches with the traditional evidence-based strategies of the health sector. Health lobbying is a crucial part of health sciences, requiring and deserving focused efforts to comprehend its complex landscape, address its challenges and enhance their understanding of health lobbying.

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List of Abbreviations

<i>Abbreviation</i>	<i>Definition</i>
BAT	British American Tobacco
CPA	Corporate Political Activity
DG	Directorate-General
EC	European Commission
EU	European Union
FCTC	Framework Convention Tobacco Control
FDI	Food and Drink Industry
IA	Impact Assessment
MEP	Member of the European Parliament
MS	Member States
NGO	Non-governmental organization
PMI	Philips Morrison International
PO	Participant Observation
TFEU	Treaty of the Function of the EU
TR	Transparency Register
UCIs	Unhealthy Commodity Industries

1. Introduction

Health is a complex and multifaceted topic, making health policy complex and challenging to navigate (De Leeuw, 2017). Nonetheless, the global health sector has experienced significant advancements over the past century. Anti-smoking initiatives, vaccination campaigns, and maternal health movements have acted as catalysts for the development of legislations, regulations, and policies that have consistently improved public health and continue to save lives today (Brizuela et al., 2017; McKinlay et al., 2020; Peter, 2024). Within Europe, successes have been witnessed in creating legislation and policies to protect public health. For example, through enforcing smoking restrictions in 2009, which compelled Member States (MS) of the European Union (EU) to implement and strengthen legislation that fosters a smoke-free environment, and establishing laws and obligations safeguarding public health by mitigating water and air pollution (European Commission, 2024)¹. The EU significantly shapes and influences the decision-making processes that create such regulations and help to improve European health. However, the presence and visibility of health interest representatives and their activities in influencing these policy processes remains limited, which makes it challenging to assess their impact regarding EU decision-making processes. Understanding these activities is crucial for health scholars to effectively translate science into policy and integrate health into the European agenda.

The EU is a challenging environment for change due to the ever-evolving nature of policymaking, the desire to maximize policy impact, and requirement to involve various sectors in the decision-making processes (Pierson, 2000). These intersectoral challenges are intensified due to the unique structure of this institution. The EU functions as a supranational union tasked with balancing the diverse interests of all 27 MS. The EU has, since its establishment by the Treaty of Maastricht in 1993, functioned as a union of sovereign states aiming to integrate national interests, establish an internal market that competes on a global scale, and ensure prosperity for its citizens²³. The areas in which the EU holds or shares power in decision-making and legislative processes are determined by the Treaty of the Functioning of the EU (TFEU), enacted in 2007 (Chambers, 2016; Dellmuth et al., 2017). Although the TFEU establishes their power in creating legislation, regulation, and policy, which traditionally lies with the European Parliament, these processes are increasingly being influenced by lobbying (Avner, 2013; Chambers, 2016; Dellmuth et al., 2017).

The growing influence of lobbyists is reflected in the European political landscape. Brussels, the capital of the EU, is the centre of regulatory and lobbying activities in Europe and it also serves as a hub for diverse interests providing opportunities to influence policy through lobbying. Therefore, Brussels attracts a wide spectrum of stakeholders eager to contribute to this intersectoral process. This includes business corporations, non-governmental organizations (NGOs), professional associations, citizen groups, and representatives from various policy sectors (The European Institute for International Law and International Relations, 2022). Consequently, the city is home to the second-largest group of policy lobbyists globally, with estimates ranging from 10.000 to 90.000 lobbyists (Kotanidis et al., 2023; Ruzin, 2023). This substantial figure reflects the shift in political authority from the national to the European level, as demonstrated by the expanded powers and responsibilities of the EU outlined in the TFEU (Chambers, 2016; Dellmuth et al., 2017). Besides their significant presence, lobbyists are believed to contribute to the visibility and transparency of democracy in the EU by providing supplementary resources and registering with the Transparency Register (TR) (Chambers, 2016). Combined, the significant presence of lobbyists and their contribution to the EU underscores the integral role lobbying plays in the functioning of the EU.

¹ <https://www.europarl.europa.eu/factsheets/en/sheet/71/environment-policy-general-principles-and-basic-framework>

² https://european-union.europa.eu/principles-countries-history/history-eu/1990-99_en

³ https://european-union.europa.eu/principles-countries-history/principles-and-values/aims-and-values_en

The large presence of lobbyists, alongside their proposed contribution to policy creation, does not inherently imply or ensure equal representation of interests. The majority of the lobbying groups registered in Brussels align with business and trade interests. These groups engage in considerably more meetings with the European Commission (EC) than NGOs, think tanks, or research institutions, including those advocating health interests (Ragn et al., 2019)⁴. Historically, for nearly two centuries, economic interests have dominated the landscape of lobbying within the EU (Beyers et al., 2013)⁴. As a consequence, corporate lobbying strategies tend to overshadow other perspectives in literature. Additionally, the limited legal mandate of the EU regarding health, places authority and legal mandates for health at the MS and exempts the EU from intervening in health policies (Brooks et al., 2024). Consequently, the dominant focus on economic considerations, coupled with the current legal status of health within the EU, has positioned health lobbying at a disadvantage compared to other sectors.

The term *lobby*, derived from the Latin word *Lobium* meaning *gallery*, refers to an individual performing their practice in galleries, lobbies and houses (Merriam-Webster, 2018). Today lobbying is defined as: *“the methods used by an individual, group or collection of groups in trying to influence decision makers, most notably elected officials and senior civil servants, into supporting particular cases”* (Chambers, 2016). In this study, lobbying is defined as any attempt to influence governmental decisions, typically occurring outside the legislative chamber⁵. The contested nature of lobbying as being untransparent, occurring behind closed doors and in inaccessible places, complicates the scientific understanding of the concept, resulting in a limited body of knowledge (Lacy-Nichols et al., 2023). Furthermore, the conceptual overlap of lobbying with related concepts, complicates studying their distinct boundaries, making it challenging to delineate where one concept ends and another begins (Van Schendelen, 2013). One of those concepts is public affairs management, which primarily focuses on maintaining or enhancing an organization’s reputation by engaging with policymakers, media representatives, and local communities (McGrath et al., 2010). Second, health diplomacy, which takes a collaborative approach on strengthening health outcomes through international relations, prioritizing diplomatic cooperation and negotiation over strategic engagement with stakeholders (Almeida, 2020; Kiçmari, 2024). Furthermore, health advocacy tends to encompass a broader scope than health lobbying since it usually represents a large general public cause aimed at generating public support, thereby pressuring policymakers from the outside rather than targeting specific policies (Avner, 2013; Jessani et al., 2022). Considering the fundamental characteristics of lobbying, being direct, strategic, and focused on influencing decision-making, this concept will serve as the foundation of this study. The contested nature of lobbying, its conceptual overlap with related concepts, and its inaccessibility to researchers leave a significant knowledge gap.

To enhance the understanding of strategic lobbying activities undertaken by health and corporate representatives and the scope in which lobbying in the EU is occurring, this study aims to research health representatives and corporate representatives in Brussels. The objective is to increase our understanding of lobbying activities in the health sector to advance the knowledge of the competitive policymaking arena in which they operate. This study will focus on the following research question:

“How do public health representatives lobby EU policy in Brussels compared to corporate lobbyists, and how could this be explained?”

Addressing this question would facilitate the development of more concrete strategies for the health sector and help bridge the gap – both in literature and in practice – between the health and corporate sectors in their lobbying strategies. Furthermore, it could provide insights into the daily operations of

⁴ <https://www.lobbyfacts.eu/>

⁵ <https://www.britannica.com/topic/lobbying>

health lobbyists, facilitate handles for health lobbyists in their daily practices, and understand their position within the EU policymaking arena. To support answering the research question, sub-research questions will be formulated based on the theoretical framework presented later in the study.

2. Theoretical Framework

This study aims to understand health lobbying and the strategic activities undertaken by the health and corporate sector within the context of the European Union (EU). To effectively address the research question, a theoretical framework was essential for systematically documenting lobbying strategies and activities. The model of Corporate Political Activity (CPA) emerged as the most suitable framework for this study. The model provides a flexible approach to studying political activity, accommodating a broad range of political elements suitable for studying lobbying taken into consideration its conceptual overlap with related concepts. The inherent flexibility of this model enables researchers to position various lobbying activities within a broad framework. This adaptability makes it particularly well-suited for exploring the multifaceted and interdependent characteristics of lobbying. Additionally, this model not only aids in analysing corporate lobbying, as the name may suggest, but also may act as a ‘mirrored proxy’ for health lobbying activities. Furthermore, the CPA model offers a categorization of key concepts and practical elements that facilitate the analysis of broad topics, such as lobbying strategies and objectives. This framework serves as the cornerstone of the study, with its significance and key concepts discussed in the following chapter.

2.1. The Model of Corporate Political Activity (CPA)

The Corporate Political Activity model (see *Figure 1*) was developed to understand policy strategies employed by unhealthy commodity industries (UCIs), such as the tobacco, alcohol, and gambling industries (Ulucanlar et al., 2023). This evidence-based, structured tool enhances the understanding of policy-influencing strategies and unpacks the real-life aspects of these strategies based on empirical observations of sector-specific behaviours. The UCIs have employed this model to halt or delay regulatory risks affecting their industries (Ulucanlar et al., 2023). The CPA model has also been utilised to counteract UCI strategies by anticipating their strategies and adapting to match their policy manoeuvres (Ulucanlar et al., 2023). This study aims to explore how the concepts within the CPA model relate to both the health lobbying sector and the corporate sector. This analysis will contribute to mapping the lobbying strategies within the EU and will offer insights and explanations into these strategies. The following paragraphs will describe the key concepts of the CPA model

The elaboration of the layers will guide the analysis of the results and will be reported from the inside to the outside (see *Figure 1*), followed by an elaboration of the relatively more independent concepts, *structural context* and *dynamic context*. The elaboration of each concept includes a suggestion for the relevance and suitability for applying the concept to study health lobbying. Additional assessments concerning the relevance and correspondence with the other concepts of the original CPA model can be made in the discussion section of this study.

2.2.1. Short-term Objectives

In this study, short-term objectives will be defined per the definition offered in the original model by Ulucanlar et al. (2023), specifically as “*objectives aimed at solving specific policy ‘problems’*”. An example of how health lobbyists might utilize these short-term objectives is by determining day-to-day activities, such as attending a meeting to secure the support from a key stakeholder.

2.2.2. Long-term Objectives

Long-term objectives will be conceptualized as goals aimed at establishing a policy environment that is conducive to the sector under consideration. The original model characterizes that as “*the objective directed at creating an enduring corporate-friendly policy environment*” (Ulucanlar et al., 2023). Long-term objectives to create a health-friendly policy environment could be applied by health lobbyists, for instance, in setting goals for their future and advocating for the inclusion of health actors in decision-making structures.

2.2.3. Action Strategies

The paper by Ulucanlar et al. (2023) characterizes action strategies as “*the means by which corporations seek to secure outcomes that will ultimately lead to favourable policies*”. Their explanation of the concept includes varying aspects, from persuading policymakers and the public to the adaptation of industry frames to achieve desired policy outcomes (Ulucanlar et al., 2023). Health lobbyists could apply action strategies by collaborating with other sectors to stimulate the implementation of particular policies.

2.2.4. Framing Strategies

The emphasis for the framing strategies is placed on three foundational aspects that contribute to framing a certain meaning; ‘*diagnosis*’, ‘*prognosis*’, and ‘*motivation*’ (Ulucanlar et al., 2023). Including actors within these frames is essential since framing strategies evaluate how actors construct and present meanings (Ulucanlar et al., 2023). One way in which health lobbyists could apply framing strategies is by emphasizing increasing disease rates to frame a public issue as urgent or by highlighting the direct benefits of a proposed action to encourage policy implementation.

2.2.5. Structural Context

The structural context encompasses dominant capital-state interests, political and economic norms, and governance systems that shape the policy sector (Ulucanlar et al., 2023). Political and economic regulations can both enable and restrict structural contexts, thereby influencing the range of potential outcomes for political activity (Boessen, 2008; Scharpf, 2018; Ulucanlar et al., 2023). Thus, researching the restrictive and enabling dimensions of the structural context is essential for understanding the operational environment of health lobbyists and their interactions with various EU institutions and instruments. The following subparagraphs elaborate on several of the restricting and enabling dimensions of EU instruments, EU institutions, and EU arrangements.

EU Instruments

The EU Treaties serve as fundamental binding instruments that define the powers and responsibilities of the EU⁶. These Treaties delineate the competencies held by the EU, specifying areas wherein the EU has legislative authority, such as competition law relevant to the internal market, while also identifying sectors where its role is more supportive and encouraging. Notably, health does not fall within the exclusive competencies of the EU, which often results in health-related policies being non-binding⁷. The limited health-related powers within the Treaties relate to ‘shared competencies’ between the MS and the EU. These include matters of common safety, such as responses to infectious outbreaks, vaccine procurement, and public health regulations related to food safety (Greer et al., 2022). Despite the absence of health within the exclusive competencies of the EU, health issues are frequently integrated within other policy areas, such as agriculture, food safety, and environmental policy (Greer et al., 2019). In these policy areas, health interests may conflict with corporate interests, as large industries play a significant role in shaping policy decisions in such areas, underscoring the complex challenges faced by health lobbyists in the interconnected and broad context of lobbying in varying policy domains.

Within the framework of EU instruments, regulations are binding instruments that are directly applicable and enforceable across all MS (Weishaar et al., 2015). Regulations establish rules and criteria, such as those governing tobacco advertising and the regulation of tobacco products (Weishaar et al., 2015). In contrast, directives represent another category of EU instruments that, while legally binding, require MS to translate them to national regulations, thereby allowing for some degree of flexibility in their implementation (Weishaar et al., 2015). Policy decisions are EU instruments that are binding only for the entities to which they are addressed⁸. Finally, the EU also issues recommendations and opinions, which are non-binding instruments, often serving as guiding advice⁸.

EU Institutions

The European Commission (EC) serves as the primary executive arm of the EU, proposing new laws, managing policies, allocating funds, and enforcing EU law⁶. Within the EC, the Directorate-Generals (DGs) focus on specific policy areas and are responsible for drafting legislative proposals (Mazzeo, 2024). The European Parliament (EP), composed of 720 elected Members of the European Parliament (MEPs), is responsible for creating and passing laws, supervising other EU institutions and acting as a consulting body in special circumstances⁸. The Council of the European Union consists of government ministers from each MS and is responsible for amending and adopting policies and laws⁶. Under the ‘co-decision procedure’, introduced by the Maastricht Treaty in 1992, policies are typically co-legislated by the Council and EP⁸. However, in sensitive policy areas, the Council may act as the sole legislator of policies without the EP, which reduced the amount of access channels⁸. On top of this, the Council is considered less accessible due to its intergovernmental structure of rotating presidency seats every six months (Mazzeo, 2024).

EU Arrangements

The EU has specific arrangement in place for interest representation, including public consultations and feedback forums which allow individuals, institutions and organizations to contribute their input at various stages of the policymaking process⁹. These consultations are open to all interested parties and are facilitated by an online public database that lists all initiatives open to public consultation⁹. Furthermore, the EU facilitates lobbying through the Transparency Register (TR). This register offers interest representatives access to the accreditation portal of the EP, depending upon approval by the EP. The portal provides enhanced access to the EP, its decision-making processes, and provides opportunities for participating in meetings, public hearings,

⁶ https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-parliament_en#:~:text=The%20European%20Parliament%20is%20the%20EU%E2%80%99s%20law%20making%20body,Find%20out%20more%20about%20its%20roles%20and%20responsibilities

⁷ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aai0020>

⁸ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM:ai0016>

⁹ https://commission.europa.eu/about/service-standards-and-principles/transparency/consultations_en

informal groupings, or co-hosting events (Mazzeo, 2024)¹⁰. Registered representatives also have the opportunity to participate in intergroup events, which are informal meetings where interest groups and MEPs exchange views on specific topics¹⁰. Ultimately, the TR also contributes to improving the visibility and transparency of lobbying activities (Chambers, 2016).

2.2.6. Dynamic Context

The final concept is the dynamic context, which encompasses the entire historical background of lobbying relationships, positive or negative experiences, and policy outcomes at various levels (e.g., national, regional, or international). Such elements can also be labelled as important policy precedents and refer to past policy outcomes that have influenced the development of new policies and have shaped the policy environment (Ulucanlar et al., 2023). This concept influences health lobbyists, for example, by shaping their strategies based on previous successful lobbying efforts and campaigns to apply effective strategies. This concept will only be cited if relevant quotes or observations concerning policy precedents are detected in the collected data.

2.3. Sub-research questions

Based on the theoretical framework, it is possible to formulate subsequent sub-research questions that align with various layers of the framework. In addition to assist in addressing the research question, these sub-research questions aim to systematically organize the findings and facilitate a comprehensive analysis of the results. The following sub-research questions are included in the study:

1. Which goals do health and corporate lobbyists strive for in the short and the long term?
2. How do health and corporate lobbyists engage with framing strategies?
3. Which action strategies do health and corporate lobbyists use?
4. How does the structural context influence the lobbying work of health and corporate lobbyists?
5. How does the dynamic context influence the lobbying work of health and corporate lobbyists?

¹⁰ <https://www.europarl.europa.eu/at-your-service/en/transparency/lobby-groups>

3. Research Methodology

This study adopted a qualitative research approach, using an explorative study design to document all relevant research variables (Dulock, 1993; Aggarwal et al., 2019). This design facilitates a comprehensive understanding of the lobbying sector and can be conducted relatively quickly, aligning with the scope of the study (Aggarwal et al., 2019). Two data collection methods were selected: (1) a narrative literature review and (2) participant observation. This combination provided a detailed and nuanced understanding of the health lobbying sector, including their activities and strategies, facilitated comparison with corporate lobbying strategies, and enabled the exploration of underlying factors driving these strategies. This chapter elaborates on each step of the methodological approach for both data collection methods, detailing the processes of data analysis and management, thereby supporting the study's validity and ensuring the possibility of replication. The chapter concludes with statements about validity, replicability, ethics, and data management.

3.1. Narrative Literature Review

A narrative review was conducted to identify the theoretical and conceptual characteristics of lobbying activities in both the health and corporate sectors, as well as the conditions in which they operate. A narrative review synthesizes articles and offers a descriptive overview of a specific concept. This method was selected for the study as it provides a comprehensive summary that aids in addressing the research questions (Ferrari, 2015; Pae, 2016). Furthermore, a narrative review permits the incorporation of additional articles through snowballing (Jahan et al., 2016). While there are no established guidelines or structures for narrative reviews, it is recommended that narrative review methodologies are enhanced by integrating elements of systematic review frameworks (Ferrari, 2015). Therefore, the systematic literature review documentation structure proposed by Lame (2019) (*Table 1*) was adopted as the foundation for the narrative review in this study. This approach facilitated a well-planned and structured methodology for the data collection, processing, and synthesis steps, thus enabling the identification of specific lobbying strategies and objectives within the health and corporate sectors. All five sub-research questions will serve as the review questions following step 1 of the structure outlined in *Table 1*. The subsequent four steps are reported in the following paragraphs.

Review question	Focused question or hypothesis to be tested
Search for primary studies	Explicit search strategy, attempting to locate all published and unpublished evidence
Selection of primary studies	Explicit inclusion and exclusion criteria to limit selection bias
Appraisal of primary studies	Explicit method to assess study quality
Synthesis	Qualitative synthesis or meta-analysis of quantitative studies using explicit methods, accounting for the quality of the included studies

Table 1: A remade visual from the proposed structure from Lame (2019)

3.1.1. Empirical Literature Search

Relevant articles were systematically selected from the databases, PubMed and Scopus. The inclusion of Scopus was based on its provision of consistent and accurate findings, along with its broad coverage of journals, which offers a comprehensive range of articles compared to other databases (Falagas et al., 2007). PubMed was chosen for its inclusion of biomedical literature, despite the study's primary focus on political aspects (Falagas et al., 2007). This decision was justified by the potential to uncover relevant findings within the health domain, which was particularly significant given the existing literature's predominant emphasis on the corporate sector. Furthermore, both databases were selected due to their extensive collection of peer-reviewed scientific articles. The decision to use two databases was based

on the quantity and relevance of articles identified in preliminary searches, which suggested that the articles retrieved from the sources were sufficiently aligned with the study’s focus. This ensured that the selection of articles retrieved from the two databases was directly relevant to the research objectives.

Following the selection of databases, a search query was developed based on the key concepts of the study. To adequately address the research questions, it was essential for the articles to include *health*. Given the limited documentation on health lobbying, including the term “*health*” was necessary to capture both health-related strategies and corporate strategies within the health domain. Additionally, the search query needed to include a variant of the term *lobbying*, which, as discussed in the introduction, encompasses multiple interpretations and related terms. To ensure a comprehensive range of relevant articles, the keywords “*lobby*” and “*advocacy*” were included. These terms provide a broad range of articles while remaining relevant to the topic. The concept of the EU is fundamental as it constitutes the institutional setting for this study. Therefore, the terms “*European Union*” and “*European Commission*” were included in the query to ensure the retrieval of relevant findings. Finally, the words “*strategies*” and “*determinants*” were included to capture the methods and tactics employed in lobbying efforts, as well as factors that influence or shape these strategies. The combined keywords were transcribed in the following search query:

Health AND ("Lobby" OR "Advocacy") AND ("European Union" OR "European Commission") AND ("Strategies" OR "Determinants")

This search query was selected for its ability to yield a sufficient number of articles, even after applying inclusion and exclusion criteria. Additional synonyms were deliberately excluded to prevent overly narrow or excessively broad results. The query was designed to target the most relevant articles, thereby ensuring a comprehensive and thorough answer to the research questions. The literature search was conducted on November 22, 2024 by a single researcher and resulted in 141 articles.

3.1.2. Selection of Primary Studies

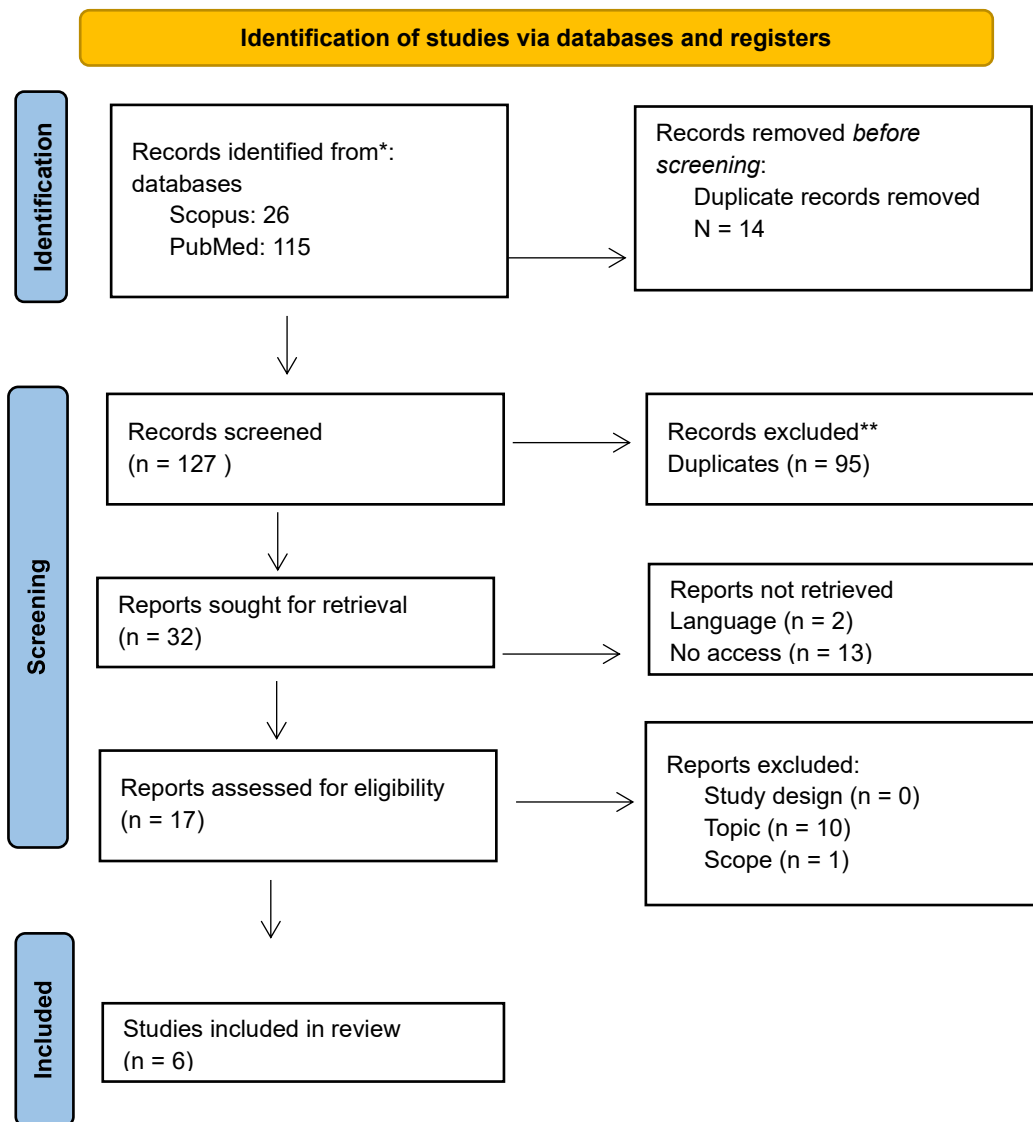
Screening the retrieved articles based on predetermined inclusion and exclusion criteria is a critical step in identifying relevant studies, as this selection ultimately determines the quality of the research (Snyder, 2019). The evaluation of these criteria was conducted based on the titles and abstracts of the articles. The initial search provided 141 articles, and the assessment of the inclusion and exclusion criteria (*Table 2*) was carried out from November 24 to November 29, 2024.

Inclusion criteria
Articles are written in academic English.
Articles are published after January 1 st 2010.
Articles that include strategic or political elements, specifically those related to lobbying or concepts closely resembling it.
Articles focusing on the European Union, applicable in Europe, or with universally applicable concepts.
Articles should concern the health sector.
Empirical and conceptual articles.
Exclusion criteria
Articles focused on treatment, prevention, and advancements in the biomedical sector.
Articles discussing the burden of disease, disease prevalence, incidence, mortality, or recovery.
Articles concerning healthcare system performance.
Articles centred on regions outside of Europe or that focus on non-European contexts.
Articles addressing patient needs.
Articles detailing strategies for the eradication or control of diseases.

Table 2: Inclusion and exclusion criteria for article selection

3.1.3. Appraisal of Primary Studies: Data Collection

During the data collection phase, a PRISMA flow diagram was used to structure the process of article elimination until a desired amount of scientific and relevant articles remained. The diagram starts with the total number of articles provided following the search query and concludes with the final selection of suitable and desirable articles, filtering using the steps of the PRISMA flow chart.



After screening the articles, six articles were deemed suitable to include in the study. The snowballing method subsequently yielded three additional articles, thereby increasing the total to nine. This approach proved effective in identifying relevant literature that may have been overlooked in the original search query. The articles identified through snowballing were also evaluated according to the inclusion and exclusion criteria.

3.1.4. *Synthesis: Data Analysis and Extraction*

Following data collection, nine relevant articles were included in the study. Key information from these articles was extracted to address the research questions. This information was then reorganised and categorised using a narrative synthesis approach, which involves qualitatively summarizing findings through text and words to explain overall study results and create structure through categorization (Popay et al., 2006). The categorization was based on the two sectors, aiming to identify all aspects of political activity for the health sector and the corporate sector to ensure the inclusion of all relevant aspects of political activity for both sectors. Subsequently, a process of closed coding was employed, focusing on retrieving data that aligned with predefined codes, thereby ensuring consistency with the theoretical model. Five codes corresponding to the theoretical concepts were selected; (1) *short-term objectives* and *long-term objectives*, (2) *action strategies*, (3) *framing strategies*, (4) *structural context*, and (5) *dynamic context*. The combination of sector based-categories focusing on political activities and the five theoretical codes allowed for multiple codes to be applied within specific political activities, resulting in a structured dataset that facilitated the exploration and analysis of the research questions.

3.2. Participant Observation

The second data collection method conducted to address the research question is participant observation (PO), which aims to gain insights into health lobbying as a means of comparing findings from the literature to the social practice of health lobbying. PO facilitates an empirical exploration specifically tailored to the health lobbying sector by observing actual health lobbying activities, interactions, and practices employed by health NGOs in Brussels. This method involves the researcher engaging in daily activities, interactions, rituals and events of a group, thereby enabling a comprehensive understanding of their routines and cultural aspects (Aktinson et al., 1998; Kuwalich, 2005; Musante, 2015). PO is particularly effective in observing individuals and collecting information within a natural setting, while systematically analysing everyday interactions to translate these observations into formal analysis (Kuwalich, 2005; Musante, 2015). PO has been described as a method that enables a holistic understanding of the study's topic (Kuwalich, 2005), making PO particularly suitable for exploring the complex and interdependent topic of health lobbying. Additionally, PO is believed to enhance the validity of a study by providing deeper insights into the topic within a specific context, thereby contributing to the overall quality of the findings (Kuwalich, 2005). Moreover, PO includes cultural aspects of the research group as well as tacit aspects which include everyday practices and behaviours that occur outside of conscious awareness, such as how we learn to sit, move, and use our voices (Musante, 2015). The following subparagraph elaborate on the documentation process, conducting the research and synthesizing the findings from the PO.

3.2.1. *Conducting the Observation*

The observation activities were conducted over a two-week period in December 2024. During this timeframe, the PO was conducted whenever possible. A health NGO in Brussels facilitated the opportunity to conduct participatory observations alongside a health policy officer conducting lobbying activities. The policy officer was informed four weeks in advance of the designated observation period and took necessary measures to secure access for the researcher to specific settings and events. This policy officer from a health NGO was accompanied throughout her daily activities, which were essential in gaining access to key stakeholders and acquiring valuable insights into the operational aspects of health lobbyists within the EU. These activities involved the preparation for, participation in, and follow-up of meetings and conferences. After each event, follow-up actions were identified as well as drafting the next-steps for upcoming activities.

3.2.2. Group Description

Elaboration on the observation subjects of the PO method is essential, as the findings are inherently intertwined with the observation group (Musante, 2015). Elaborating on the research group will facilitate a deeper understanding of the health lobbying sector, practical implications in the domain, and potential identification of barriers and facilitators. This study specifically focused on health lobbying groups operating in Brussels. Engagement with the policy officer acquired knowledge regarding professional insights into the institutional setting, including in-depth understanding of the power held by various EU institutions. Additionally, it provided insight into the prevalent industry-specific jargon, including currently widespread catchphrases such as “*building bridges*”. This methodological process required seeking clarification on terminology when needed, which was achieved through open communication with the policy officer. The additional knowledge acquired on the working of the specific group provide a better understanding of what is occurring in this specific research setting (Kuwalich, 2005). Detailed descriptions of group dynamics, size and demographics could not be established before the data collection phase, as particular characteristics would only be revealed throughout the observations.

3.2.3. Role of the Researcher

When engaging in observation methods, a researcher can range from active to passive participation, and from rigid or fluid structures (Kuwalich, 2005; Musante, 2015). In this study, I alternated between ‘insider’ and ‘outsider’ roles while maintaining a passive stance (Spradley, 2015). This flexibility aided in collection information tailored to specific observation activities, while still adhering to the observational approach. The ability to remain flexible during the observations allowed me to incorporate all impressions and to respond to unfolding observation dynamics.

Effective observation entails attentiveness to details, recording and reporting. This includes counting, active listening, noting the physical space, and facial expressions (Musante, 2015). Another strategy involves attempting to differentiate the regular from the irregular (Kuwalich, 2005). Both observation strategies were employed in this study, since the flexibility of multiple observation strategies would allow for the inclusion of all relevant findings. To effectively act as a participant observer, I consciously reminded myself of my role as an observer rather than a full participant throughout the observations, as this line can become blurred easily (Musante, 2015; Spradley, 2015). I maintained a nonintrusive and neutral demeanour, observing and only posing questions when deemed appropriate. Furthermore, researcher bias and personal characteristics can influence the interpretation and documentation of the observed events, potentially affecting the distinction between observation and participation (Musante, 2015). I engaged in discussions with the policy officer to determine the best approach for integrating myself within a group whilst having a limited effect on that group and remaining mindful of my personal characteristics as a female student. Further assessments related to the personal characteristics of the research are made in the discussion.

3.2.4. Documentation of Findings

A well-defined documentation structure is essential for effectively recording findings and focusing on specific observation categories (Sirris et al., 2022). This study employed a systematic data structure, proposed by Sirris et al. (2022), consisting of seven categories: *time*, *activities*, *place*, *content*, *participants*, *initiative* and *duration* (see Table 3). This structure facilitates the organized documentation of observation activities.

Time	Activity	Place	Content	Participants	Initiative	Duration
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Table 3: Format for semi-structured data collection of observational methods (Sirris et al., 2022)

In addition to the structured documentation of technical aspects of the observation activities, another documentation framework was employed, specifically designed for open, exploratory observations. This second framework served as a guide for organizing and redirecting findings following the initial documentation phase. The second documentation structure (seen in *Appendix 1*) was developed based on reviewed literature from the preliminary research phase. A simplified version of this structure is illustrated in *Table 4*, highlighting the key observation topics. This pre-determined framework facilitated efficient note-taking and later reorganization (Sirris et al., 2022). Generally, notes were taken during observation activities, which is essential in recording key aspects of the activities which than function as a descriptive summary of the event (Spradley, 2015). This framework proved adaptable, allowing for the inclusion of a wide array of observations and unexpected information. Activities that were cancelled or fell outside the scope of this study, not focusing on health lobbying, were excluded from the documentation process.

<i>Key observation topics</i>
1. What topic
2a. Who is lobbying
2b. Aimed at who
2c. With who
2d. Against who
3a. How? Strategizing and types of actions
3b. How to counter the corporate playbook
3c. How: lobbying capacities
3d. How: Coalitions and partnerships
4. When to lobby
5. Institutional and agency context
6. After lobbying
7. Relevant open observations/quotes
8. Relevant counting and mapping distinctions

Table 4 Simplified version of the pre-determined framework for structured data collection (based on Appendix 1)

3.2.5. *Analysing Findings*

The observation activities were analysed and systematically recorded in a findings table. A blank format of the findings table is included in *Table 5*. This table assigns a number to each activity, facilitating efficient tracking and referencing of the data observation information. Additionally, the table includes the name of each activity, and a description of the type of event, conference or topics that were covered. Lastly, it synthesizes the most frequently occurring lobbying observations from each activity.

Number (date)	Activity	Activity Description	Lobbying observations
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Table 5: Structured format for analysing the observation activities

Based on the documented observations, three narratives emerged. These narratives were reconstructed from multiple observations and selected for their relevance to the research topic and their ability to provide additional insights. The inclusion of these narratives assists in deepening the understanding of the research context. After drafting the narratives from the documented findings, they were readmitted to the policy officer, for a member check. This is an informal process which allows research subjects to assess the accuracy of the analysis and reconstruction of the data and confirm or deny the representation of their input in the research. Thereby ensuring the validity and accuracy of the findings and limiting systematic biases in the research (Candela, 2019). In addition to the narratives, a comprehensive

observational description highlighting important aspects was incorporated alongside the data analysis framework. This description was included to present the general findings derived from the researcher's observations.

3.3. Validity and Reliability

To ensure a high level of validity and reliability throughout the research project, all procedures undertaken during the study, particularly those related to the methodology, are thoroughly explained, elaborated upon and substantiated. Each step of the process is informed by literature related to the topic, ensuring a relevant theoretical foundation for the study.

A potential source of bias in this study was the researcher bias. My personal characteristics and academic background inadvertently shape my interpretation of interactions or topics, making it challenging to remain entirely objective. To mitigate the risk of researcher bias, multiple methodologies were employed in this study, ensuring the findings were balanced and less at risk to personal influences. Additionally, detailed notes were taken during the research process, which allowed for regular reflection and assessment of potential biases in my interpretation. Moreover, overt bias was also carefully considered. This involves the researcher openly and intentionally favouring certain positions or groups (Rosenbaum et al., 2002). To avoid this bias, I made an effort to refrain from mentioning my academic background in a way that could indicate a position favouring specific health perspectives.

The PO method risks observer bias, which is any discrepancy between the truth and the documented observation made by the researcher (Mahtani et al., 2018). This was addressed by adhering to the research protocol and taking detailed notes. Additionally, observational methods may be susceptible to confirmation bias since the researcher can interpret findings based on pre-existing expectations.

3.4. Data Management

The findings derived from the PO were systematically organized within two findings tables using key concepts to structure the findings. Both tables will be structured concisely and transparently and stored safely. Access to the data derived from the observations will be exclusively restricted to the researcher.

3.5. Ethical Considerations

Throughout the study a high level of transparency and honesty was applied by adhering to the research phases and detailing the all steps. The narrative review is conducted according to the steps outlined on page 9. In this study, I followed a thorough literature search, adhered to the research protocol and transparently reported all considerations and limitations in the methodology and discussion sections.

Furthermore, ethical considerations are especially important when employing observational methods, particularly regarding challenges in defining which observations will be documented and which will not (Musante, 2015). Even when the researcher's intentions are clearly articulated, there may not always be explicit communication about the inclusion of non-verbal interactions outside of formal contexts and meetings (Kuwalich, 2005; Musante, 2015). Furthermore, while attempting to gain insider status may provide valuable insights, it also raises ethical dilemmas, as informal conversations may go unnoticed as a data collection activity by research participants (Kuwalich, 2005; Musante, 2015). To address these issues, detailed notes were taken during the observations, which serve as reminders to research participants of the ongoing data collection process (Musante, 2015).

Moreover, to uphold ethical standards, it is crucial to anonymize the identities of research participants and organizations, subscribing codenames or numbers to all participants, thereby ensuring confidentiality (Kuwalich, 2005). Furthermore, in this study, steps were taken to remain mindful regarding topics related to personal privacy. For instance, clear distinction was made between observations deemed private, such as one-on-one conversations, and those considered public, such as conferences or presentations. The focus of this study was on the latter category.

4. Results

This chapter presents the results of the study, organised into two subchapters, each detailing findings from different research methodologies. The first subchapter reports the findings from the narrative literature review. The second subchapter presents findings from the participant observations.

4.1. Narrative Literature Review

The articles from the narrative literature review, as listed in *Table 6*, are reported with relevant information about the articles, publication year, authors, author specialisation, methods, journals, and key findings.

Title	Year of publication	Authors	Specialisation	Methods	Journal	Key findings
The revision of the 2014 European tobacco products directive: an analysis of the tobacco industry's attempts to 'break the health silo'	2015	Silvy Peeters; Hélia Costa; David Stuckler; Martin McKee; Anne Gilmore	Department for Health, Centre for Tobacco and Alcohol Studies, Sociology, Public Health and Policy, Hygiene & Tropical Medicine	Document analysis and stakeholder interviews	British Medical Journal	The lobby was massive. Phillip Morrison International (PMI) alone employed over 160 lobbyists. Strategies mainly used by third parties. Efforts to 'push' (amend) or 'Delay' the proposal and block 'extreme policy options' were partially successful, with plain packaging and point of sales display ban removed during the 3-year delay in the Commission. The Smart Regulation mechanism contributed to changes and delays, facilitating meetings between TTC representatives and senior Commission staff. These meetings were not disclosed. A tactic mentioned as being used often is the use of third-party actors to subvert policies.
Lobbying against sugar taxation in the European Union: Analysing the lobbying arguments and tactics of stakeholders in the food and drink industries	2019	Arsenios Tselengidis; Per-Olof Östergren	Clinical Sciences, Division of Social Medicine and Global Health	Stakeholder analysis and a qualitative content analysis	Scandinavian Journal of Public Health	The article reviewed lobbying strategies and detected similarities in lobbying strategies from tobacco industries throughout Europe. A unique argument detected in this case was, the FDI arguing that sugar is a natural ingredient in many foods, and therefore not bad. The observed tactics and arguments presented by the FDI in opposition to sugar taxation have striking similarities with those previously used by the tobacco industry. An improved understanding of the stakeholders' mandate, resources, and their most important tactics will strengthen the position of public health experts when debating sugar taxation with the FDI, which may contribute to improving population health. These tactics include questioning the effectiveness of regulation, shifting the blame, and establishing relationships with trade unions.

Unpacking commercial sector opposition to European smoke-free policy: lack of unity, 'fear of association' and harm reduction debates	2015	Heide Weishaar; Amanda Amos; Jeff Collin	Social and Public Health Sciences, Centre for Population Health Sciences, Global Public Health Unit	Qualitative textual analysis, organizational network analysis and semi-structured interviews	British Medical Journal	The comparatively limited opposition to EU smoke-free policy contrasts with previous accounts of tobacco industry resistance to tobacco control. While context-specific factors can partially explain these differences, the paper indicates that the sector's diminished credibility and lack of unity hampered political engagement and alliance building. Industry efforts to emphasise the benefits of smokeless tobacco during smoke-free policy debates highlight the potential of harm reduction as a gateway for tobacco companies to re-enter the political arena.
A public health advocacy approach for preventing and reducing gambling related harm	2015	Jennifer David; Samantha Thomas; Melanie Randle; Mike Daube	Health Transformation, Health and Social Development, Management, Operations and Marketing, Health Sciences	Narrative review	Australian and New Zealand Journal of Public Health	An eight-step public health advocacy framework was created, which outlines the critical steps and considerations when developing and implementing successful change efforts. These steps include; (1) establishing a sense of urgency, (2) forming a powerful guiding coalition, (3) creating a vision, (4) communicating the vision, (5) empowering others to act on the vision, (6) plan for and create short-term wins, (7) consolidate improvements and produce still more change, (8) institutionalise new approaches. They state that a clear public health advocacy approach to gambling harm prevention and reduction has not been well established. This study proposes a gambling-specific framework, similar to the FCTC, to guide future public health advocacy efforts to prevent and reduce gambling harm.

Industries, citizens, and non-governmental organizations' positioning and arguments used in European Union initiatives for alcohol taxation and cross-border regulation	2024	Selina Baumann; Teresa Leao	Public health, Forensic sciences, Medical Education	Qualitative content analysis	International Journal of Drug Policy	Opponents of changes to the structures of alcohol regulations were mostly representatives of the alcohol and agricultural industries. Proponents were mostly health-related nongovernmental organizations. Opponents of these initiatives used a wide variety of arguments, from economic and trade arguments to downplaying health arguments. Proponents focused mainly on health arguments, such as the effectiveness of alcohol taxation in preventing alcohol-related morbidity and mortality, and pointed to the responsibilities of the EU institutions to take action. As a result of these initiatives, the EU Council set out new rules to modernize the excise duty structure on alcoholic beverages.
Corporate coalitions and policymaking in the European Union: How and why British American Tobacco promoted 'Better Regulation'	2015	Katherine Smith; Gary Fooks; Anna Gilmore; Jeff Collin; Heide Weishaar	Global Public health Unit, Department of Health, Centre for Alcohol and Tobacco Studies, Hygiene and Tropical Medicine	Qualitative document analysis	Journal of Health, Politics, Policy and Law	The article describes (1) how policy entrepreneurs with sufficient resources (such as large corporations) can shape the membership and direction of advocacy coalitions; (2) the extent to which 'think tanks' may be prepared to lobby on behalf of commercial clients; and (3) why regulated industries (including tobacco) may favour the use of 'evidence-tools', such as impact assessments, in policymaking. They state that a key aspect of BAT's ability to shape regulatory reform involved the deliberate construction of a vaguely defined idea that could be strategically adapted to appeal to diverse constituencies, such as Better Regulation, intended to improve health but being used by the industry.

A framework of NGO inside and outside strategies in the commercial determinants of health: findings from a narrative review	2023	Belinda Townsend; Timothy Johnson; Rob Ralston; Katherine Cullerton; Jane Martin; Jeff Collin; Fran Baum; Liz Arnanz; Rodney Holmes; Sharon Frie	Health equity, Regulation and Global Governance, Global Health Policy Unit, Social Policy, Public Health, Obesity Policy Coalition, NCD Alliance, Alcohol Research and Education	Narrative literature review	BioMed Central	The study identified both inside strategies of NGOs targeted directly at commercial actors and also targeted directly at the government. These strategies involve participation, private meetings, engaging with shareholders, collaborations, litigation, lobbying, and proposing alternatives. Outside strategies targeted commercial actors the mobilization of public opinion. These strategies involved monitoring, protesting, boycotting, engaging with the public, and using alternative spaces. They provided a framework that can be used to assess the effectiveness and appropriateness of strategies.
Aiding empirical research on the commercial determinants of health: a scoping review of datasets and methods about lobbying	2023	Jennifer Lacy-Nichols; Madalyn Quinn; Katherine Cullerton	Health Policy, Population and Global health, Public Health	Systematic scoping review	BioMed Central	This study aims to study lobbying in order to support public health researchers and advocates in challenging powerful players. The study focuses on a number of indicators to measure lobbying activity, such as registration, expenditure, meetings, and committee participation. It concludes that public health research and advocacy can benefit from political science, particularly from conceptual frameworks and empirical data.
The role of non-governmental organizations in global health diplomacy: negotiating the Framework Convention on Tobacco Control	2010	Raphael Lencucha; Anita Kothari; Ronald Labonté	Health Sciences, Globalization and Health Equity, Population Health	Qualitative document analysis	Health policy and planning – Oxford Academic	This study breaks down the key activities or roles that NGOs are playing within the framework convention on Tobacco Control structures. These roles involve; (1) monitoring, (2) lobbying, (3) offering technical expertise, (4) brokering information, and (5) fostering inclusion. An analysis is made to evaluate how challenges have been addressed by different groups of NGOs, providing examples for addressing these challenges linked to the roles.

Table 6: Overview of articles from the narrative review

The literature overview presented in *Table 6* summarizes key aspects drawn from all articles. Most articles employed a structured content analysis of existing literature documents. Four articles focused specifically on the health sector, four on the corporate sector, and one addressed both. Furthermore, the gender distribution of the authors was nearly equal, with a slight majority being female. All authors were affiliated with Western Universities, predominantly from Australia and the United Kingdom. No authors were affiliated with universities from the Global South.

4.1.1. Content Analysis

The findings derived from the narrative review are reported in three subchapters. The first subchapter outlines the findings from the structural context, including the institutional instruments and arrangements that enable and restrict lobbying activities within the EU. The second subchapter examines the goals of the health and corporate sectors, focusing on their framing and action strategies. The final subchapter provides a comparative analysis of the strategies identified in both the health and corporate sectors. Each of these chapters incorporates explanations and driving factors emerges from the findings, which further support the identified structural elements, objectives, and strategies.

Structural Context of EU Lobbying Activities

This subchapter explores how the structural context influences both the health and corporate sectors, focusing on the institutional conditions set by the EU that determine the context in which lobbying occurs. It includes a description of key structural arrangements and instruments drawn from the findings, such as EU instruments, EU institutions, the Better Regulation Agenda, and consultations. Furthermore, the chapter examines how these aspects create the context in which lobbying occurs, highlighting elements that may either be enabling or restricting to the lobbying process. By describing the context in detail, this sector provides the opportunity to further analyse and articulate how the context influences the lobbying processes. The structural arrangements and instruments are reported from most to least binding. Once the context of lobbying is thoroughly described, it allows for a nuanced understanding and articulation of the strategies and objectives employed by both sectors.

EU instruments

The absence of **health as an EU competency** has been previously addressed. However, the literature further highlights that this absence leads to inaction from the corporate sector. The findings indicate that the lack of engagement and enforceability from the EU on health policies, reduced the level of interest from the industry. Their highest perceived interest is in the policies which are most likely to be enforced and effective (Weishaar et al., 2015).

The **existing directives** can be restrictive for the corporate sector. For example, the European Union Tobacco Products Directive regulates the production, presentation and distribution of tobacco products, including restrictions on product shape and mandatory warning label sizes (Peeters et al., 2015). Another example is the directive on the structure for excise duty on alcohol, which establishes rules and criteria for taxation (Baumann et al., 2024). However, it allows a significant variety of taxation rates across the Member States, since the Member States may impose the taxation themselves and are allowed to offer exemptions, such as decreased taxation for small local businesses to support their growth (Baumann et al., 2024). This flexibility diminishes the legally binding nature of EU directives and contributes to inconsistencies in objectives across MS and mitigates the restrictive qualities of EU directives for the corporate sector.

EU institutions

Differences between the EU institutions also influenced the structural context. For instance, lobbying strategies differed on whether the target was an elected official in Parliament or a member of the EC bureaucratic staff, based on the diverse incentives influencing their decision-making and policymaking processes (Lacy-Nichols et al., 2023). The exact difference in lobbying strategies between the two was not detailed in the included literature.

EU arrangements and access channels

The **Better Regulation Agenda**, formerly known as the Smart Regulation Agenda, is a program of regulatory reforms at the EU level aimed at decreasing regulatory barriers through increased evidence use and simplifying regulations (Peeters et al., 2014; Smith et al., 2015). The agenda stems from concerns of MS about EU regulation and their control over national policies (Smith et al., 2015). The agenda is described as having “chameleon-like qualities”, making it attractive for multiple constituencies due to the broad, and flexible interpretations (Smith et al., 2015). The corporate sector supports the agenda since it aids in delaying binding regulations through the need for extensive supporting use (Smith et al., 2015). The Better Regulation Agenda has been successfully integrated into EU operations, demonstrated by the official EC Better Regulation website and the renaming of EC units and DGs to align with the agenda (Smith et al., 2015).

A critical aspect of the Better Regulation Agenda is the **Impact Assessments (IA)**, which thoroughly assesses the impact of legislation, including health effects related associated to tobacco and alcohol (Smith et al., 2015). Currently, the IAs are included as requirements on a ‘soft law’ basis in the guidelines of the EC for proposals (Smith et al., 2015). For the health sector, IAs can serve as a structured tool to address the misalignment of proposed policies and public health objectives (Smith et al., 2015). However, a concern is the potential oversimplification of non-monetary goods, such as health and the environment (Smith et al., 2015). Additionally, IAs can significantly delay the legislative process due to the extensive information that valid assessment requires, which complicates swift decision-making (Smith et al., 2015). The corporate sector uses IAs to legitimize its role in the policy processes by providing data and sources previously unavailable for government organizations (Smith et al., 2015). Furthermore, they use IAs to serve commercial interests, for instance, British American Tobacco (BAT) supported an increased uptake of risk assessments to prevent restrictive policies by delaying the policy process (Smith et al., 2015).

The Precautionary Principle is a tool to prevent damage and avoid hazards by requiring policymakers to intervene to prevent potentially harmful situations, even when evidence is insufficient and unsubstantial (Smith et al., 2015). This tool has been described as “*a tool for the more radical environment and health advocates*” (Smith et al., 2015). It enables the health sector to intervene in addressing harmful situations. However, it receives criticism for potentially conflicting with scientific and evidence-based approaches (Smith et al., 2015). For the corporate sector, this tool may lead to restrictive regulations and it has also received criticism for ignoring market efficiency and economic prosperity (Smith et al., 2015). In response to the increased use of the Precautionary Principle, the corporate sector increasingly applied IAs to delay policies (Smith et al., 2015).

Consultations are another aspect of the structural context essential for lobbying. Formal consultations, which require submissions, can be measured (Townsend et al., 2023). The health sector is documented as having a large presence in the consultation processes (Baumann et al., 2024). The tobacco industry, while participating less regularly, can dominate specific consultations, as seen in one case where they submitted 2300 concerning increased tobacco regulation (Weishaar et al., 2015). Similarly, 39% of the submission on a proposal on alcohol taxation were from the corporate sector (alcohol industry 25%; agricultural industry 7%; chemical and cosmetics industry 7%) compared to 25%

from health-related NGOs (Baumann et al., 2024). Public consultations are also widely used by the corporate sector. For example, a public consultation from the Directorate-General (DG) SANCO, the Directorate for Health, received 85000 submissions, of which 57% were duplicate documents from the tobacco industry (Peeters et al., 2014).

National governments of **Member States** play a key role in the structural context of lobbying, often acting as access channels. For example, Philips Morrison International (PMI), a tobacco organization, approached national health ministries to involve them in reaching the Commission and to delay the legislative process (Peeters et al., 2014). Furthermore, the corporate sector fosters a structural relationship with the national governments through investing in their economies, often emphasizing their importance for national job creation (Tselendigis et al., 2019). Moreover, regulations that have a low legal impact on the Member States are all less likely to be perceived as threatening by the corporate sector. They are, therefore, less likely to be prioritised (Weishaar et al., 2015). As a result, the Member States are influencing the agendas of the corporate lobbying sector.

Objectives Aligning to Framing and Action Strategies

After describing the context in which lobbying occurs, this subchapter elaborates on the objectives of lobbying in correspondence with lobbying strategies. The first finding on the objectives is the lack of clear articulation of short- and long-term objectives. While strategies and tactics were extensively described in the literature, corresponding goals remained rather implicit. Despite the initial lack of explicitly defined goals, the analysis of the strategies revealed three dominant objectives. Based on the construction of these three objectives from the detected strategies *Table 7* was created, providing an overview of the framing and action strategies followed by the corresponding objective. This overview provides perspective on the strategies applied by both sectors and their intended purpose. The following subparagraphs will discuss the constructed objectives and their associated strategies, offering further insights into the mechanisms and dynamics driving these objectives.

<i>Framing strategies</i>	<i>Action strategies</i>	<i>Objectives; short- and long-term goals</i>
<ul style="list-style-type: none"> • Critiquing existing policy • Suggesting alternatives • Effective messaging • Counter opposition 	<ul style="list-style-type: none"> • Challenging institutions • Coalition building • Interpersonal activity • Strategic use of resources 	Health: Enhancing and developing policies, legislations, and regulations
<ul style="list-style-type: none"> • Countering opposition • Suggesting alternatives • Effective messaging 	<ul style="list-style-type: none"> • Challenging institutions • Strategic use of resources • Interpersonal activity • Coalition building 	Corporate: Prevent restrictive policies and regulations that would distort market share and business operations
<ul style="list-style-type: none"> • Suggesting alternatives 	<ul style="list-style-type: none"> • Coalition building • Challenging institutions • Strategic use of resources • Expert positioning 	Health and Corporate: Legitimization as stakeholders

Table 7: Overview of strategies in the health and corporate sectors aligned with constructed objectives

Enhancing and developing policies, legislations, and regulations

The primary objective drawn from the analysis in the health sector is to enhance and develop policies, legislations, and regulations through the use of targeted action and framing strategies. A complete overview summarizing the health lobbying strategies aligned to this objective is provided in *Table 8*.

Critiquing existing policy is a framing strategy used to highlight concerns and advocate for improvements in rules and regulations, often to ensure enforceability of regulation and prevent misuse. For instance, the health sector pointed out issues with the feasibility, effectiveness, and acceptability of existing partial smoke-free policies, seeking to create more effective and enforceable policies (Weishaar et al., 2015; Baumann et al., 2024). Health actors also criticised the unclear language of the Framework Convention Tobacco Control (FCTC), arguing that greater clarification in the framework's language would improve its effective implementation and ensure more consistent policy enforcement (Lencucha et al., 2010). In addition to critiquing existing policies, the health sector also critiqued the absence of current policies, vouching for new ones. For example, David et al. (2015) highlighted the harmful effects of postponing the implementation of policy in the gambling domain.

Another key framing strategy for enhancing policies is to **suggest alternatives** that support policy development (Townsend et al., 2023). For instance, proposing revenue and job generation alternatives to replace extractive industries (Townsend et al., 2023). Health advocates may also suggest the combination of multiple policies to address the ineffectiveness of a single policy measure (Baumann et al., 2024). This approach is also used when health advocates are supportive of the primary policy pitch but believe that impact could be improved through complementary measures (Baumann et al., 2024). Another alternative suggested by the health sector was to adopt successful frameworks from other domains. For example, in aiming to reduce gambling addiction, health actors proposed to apply the successful tobacco framework (FCTC) and apply it to the gambling sector (David et al., 2015).

The health sector also applies **effective messaging** as a framing strategy to stimulate policy change. One messaging frame attempts to shift the focus from individual responsibility to governmental responsibility by emphasizing communal health (David et al., 2015; Tselendigis et al., 2019). Another frame focuses on offering a change vision, which serves as the focal point for all arguments and strategies and offers actionable pathways that politicians can choose and can take credit for (David et al., 2015). Additionally, the health sector intentionally highlights small policy wins to create momentum and maximize political support for long-term goals and create change (David et al., 2015). This framing strategy stimulates health advocates to keep reiterating the message. For example, small alterations in gambling product advertisements provided the opportunity to advocate for stricter measures against the gambling industry (David et al., 2015). Lastly, the health sector often includes statistical evidence to support their messaging, instead of using self-reported evidence (David et al., 2015).

The health sector also adopts the framing strategy of **countering their 'opposition'** by emphasizing and exposing harmful aspects of commercial practices (Lencucha et al., 2010; Townsend et al., 2023; Baumann et al., 2024). For instance, health advocates warned policymakers of the strategic moves and tactics from the tobacco industry to prevent corporate interference (Weishaar et al., 2015) by using alternative spaces, such as public documentaries to highlight corporate activities (Townsend et al., 2023). This framing strategy aids in discrediting their opponents and strengthening the health sector. According to Weishaar et al. (2015), the health sector easily rebutted its opponents by replicating existing frames that counter the tobacco industry, and using them across different countries and sectors.

A key action strategy of the health sector is **challenging institutions** to fulfil their public health responsibilities. This involves holding institutions accountable for their roles in safeguarding public health. For example, alcohol-taxation proponents highlighted the EC's responsibility to enhance the public health of European citizens by developing alcohol prevention measures, guiding the MS, and resisting industry influence (Baumann et al., 2024). Health sectors also challenge institutions by actively involving themselves in governmental bodies to gain more access to policymakers through participating in committees and delegations. Through this approach they directly involve themselves in policy discussions (Townsend et al., 2023).

Building coalitions is another essential action strategy employed to combine efforts and mobilize assets to create change and battle for increased industry regulation (David et al., 2015; Townsend et al., 2023). For example, the Australian-based Tackling Tobacco program brought together varying citizen organizations and created a communal consensus position to reduce smoking in low socio-economic groups, resulting in the implementation of tobacco control policies (David et al., 2015).

In addition to forming coalitions, building **interpersonal relationships** is another significant action strategy employed by the health sector. This strategy involves the direct use of interpersonal connections in informal settings and private meetings. For instance, NGOs often participated in lunch meetings and presentations held between formal meetings, engaging in casual conversations with government departments, stating that “that’s kind of where the action happens” (Lencucha et al., 2010). Similarly, health advocates used informal processes, such as hallway conversations with policymakers, as a part of their long-term plan to ensure stricter regulation for the industry (Townsend et al., 2023).

Strategic use of resources is another action strategy employed by the health sector. Lacy-Nichols et al. (2023) highlighted the financial barriers faced by many health advocacy groups, particularly the challenge of having limited access to relevant and complete data sources. Despite these resources limitations, health NGOs maintain a high presence in consultation processes, displaying a strategic use of resources (David et al., 2015; Baumann et al., 2024). Furthermore, Weishaar et al. (2015) documented how proponents of strong EU alcohol labelling policies strategically inserted key information late in the policy cycle. This approach prevented corporate interference and deprived their opposition of an extensive and strategic response. Lastly, Peeters et al. (2014) documented how health lobbyists increased in activity and occupational presence around the final stages of policy proposals, indicating the intensification of health resources as critical decisions were being made.

Critiquing existing policy	<ul style="list-style-type: none"> Expressing concerns regarding the effectiveness, feasibility, and acceptability of policies Highlighting formulation faults to ensure proper implementation Arguing that absence of specific policies creates harmful situations
Suggesting alternatives	<ul style="list-style-type: none"> Proposing alternatives for revenue and job creation in replacing harmful industries Suggesting multiple policies to increase the effectiveness of measures Advocating for the implementation of successful frameworks from one health domain to another
Effective messaging	<ul style="list-style-type: none"> Focusing on communal levels to address governmental responsibility Offering a change vision for politicians to take credit for Highlighting small policy wins to create momentum Including statistical evidence to support messages
Countering opposition	<ul style="list-style-type: none"> Warning policymakers about harmful practices of opposition Utilizing alternative spaces for engagement Replicating frames used against the corporate sector across varying health domains
Challenging institutions	<ul style="list-style-type: none"> Highlighting the responsibilities of the institutions to push for action Joining committees and delegations to access policymakers
Coalition building	<ul style="list-style-type: none"> Combining varying interest groups Mobilizing assets and creating a consensus position
Interpersonal relationships	<ul style="list-style-type: none"> Participating in private meetings, lunch meetings, presentations, and casual conversations with government departments
Strategic use of resources	<ul style="list-style-type: none"> Maintaining a high presence in consultations Strategically inserting information late to delay opposing responses Increasing lobbying activity towards proposal publication

Table 8: Overview of the health lobbying strategies aligned to their objective

Prevent restrictive policies, legislation, and regulations

The second objective retrieved from the analysis for the corporate sector is to prevent restrictive policies, legislations, and regulations by employing targeted action and framing strategies. Baumann et al. (2024) noted that all industry efforts to participate in regulatory discussions aimed to ensure economic interests and market dynamics in favour of the industry. A complete overview summarizing the corporate sector strategies aligned to this objective is listed in *Table 9*.

Countering the opposition was the first framing strategy employed by the corporate sector in which they applied frames of inadequacy, attempting to weaken, damage and undermine their opposition and their proposed policy suggestions (Peeters et al., 2014; Tselendigis et al., 2019; Baumann et al., 2024). Corporate sectors often contested scientific evidence from the opposition, dismissing it as being “insufficiently proven”, “unfounded” or denying it (Weishaar et al., 2015; Townsend et al., 2023). They further argued that their proposed policies lacked logic, or they emphasized the inability of evidence to effectively assess the impact on the market. Additionally, they questioned the overall effectiveness of proposed policies (Peeters et al., 2014; Tselendigis et al., 2019; Baumann et al., 2024). For example, the alcohol industry claimed that proposed policies were harmful to the market, potentially causing fraud and increasing the black market alcohol prevalence (Baumann et al., 2024). These frames were consistently employed across various corporate sectors to strengthen their arguments, demonstrating a high level of replicability or frames countering their opposition (Peeters et al., 2014).

The corporate sector also adopts **effective messaging** as a framing strategy, which overlaps with the previous strategy, dominantly through using economic frames. These economic frames included arguments concerning fraud, job losses, administrative burdens, and black market prevalence (Tselendigis et al., 2019; Baumann et al., 2024). Using these economic frames maximises the current liberal-conservative majority in the Parliament which increases the likelihood of successful uptake of these arguments. For example, during alcohol taxation discussions, the industry highlighted their contribution to employment, and government profit to strengthen their position (Baumann et al., 2024). Besides economic frames, the corporate sector included messaging frames focused on shifting a problem towards individual responsibility. By doing so, they are attempting to steer away from government interference (Tselendigis et al., 2019; Baumann et al., 2024). For instance, the alcohol industry employs this frame by stating that “most of the population is drinking responsibly”, thereby attempting to shift the focus away from the industry’s responsibilities and onto individual behaviour (Baumann et al., 2024).

Another key framing strategy is **suggesting alternatives**, which the corporate sector uses to suggest deregulation, self-regulation and alternative industry products. For instance, the tobacco industry used the smoke-free policy discussions to promote deregulation. Similarly, the Food and Drink Industry (FDI) suggested the self-regulation initiative, The Pledge, instead of government regulation (Weishaar et al., 2015; Tselendigis et al., 2019). Besides regulation alternatives, they also proposed harm-reduction strategies as alternatives to avoid other restrictions (Weishaar et al., 2015). For example, proposing smokeless tobacco products and highlighting its ‘benefits’, framing tobacco-free alternatives as being “in support of a tobacco harm reduction” (Weishaar et al., 2015). The corporate sector also suggested education and information as alternatives to policy interventions, such as informing the public through awareness campaigns about the harmful effects of alcohol (Baumann et al., 2024). Lastly, the corporate sector also suggested alternative explanations for data, such as framing sugar as being a natural ingredient and therefore sugary drinks not being unhealthy (Tselendigis et al., 2019).

Strategic use of resources is an action strategy applied by the corporate sector to subvert restrictive policies. For example, the tobacco industry used financial resources to prevent policies from being implemented (Peeters et al., 2014). Furthermore, the BAT coalition strategically released coalition opinions to leave the impression of widespread support with policymakers (Smith et al., 2015). The corporate sector also strategically supported certain initiatives that aligned with their interest, even if

they were counterintuitive. For example, the spirits industry advocated for alcohol taxation, but only on lower alcohol percentage drinks. In contrast, the beer industry promoted raising the taxation threshold to encourage the consumption of low-alcohol drinks (Baumann et al., 2024). Lastly, Weishaar et al. (2015) reported the increased activity of corporate personnel, peaking during the final stages of policy processes indicating a strategic employment of corporate resources during critical policy moments.

The corporate sector also **challenges institutions**, such as attempting to bypass DG SANCO, by highlighting and providing specific information to other DG's in an attempt to trigger them into blocking extreme policy measures (Peeters et al., 2014). The tobacco industry employed this strategy by highlighting the risk of illicit trade to DG trade, particularly in relation to potential increases in tobacco regulation (Peeters et al., 2014). Furthermore, the corporate sector critiqued the consultation process, labelling it “unbiased and undemocratic” and vouching for dialogue sessions with all interested stakeholders, including corporate interests (Weishaar et al., 2015). Lastly, they pointed out instances where policies or proposals lacked legal foundation, triggering the “sensitivities” of the EC (Peeters et al., 2014). Additionally, the tobacco industry highlighted the legal boundaries of the institutions in restricting market operations, which led to the removal of extreme policy measures from the FCTC proposal (Peeters et al., 2014).

Building coalitions was another action strategy employed by the corporate sector. Coalitions, also “third-party coalitions” or “front groups”, were deployed to promote industry interests (Peeters et al., 2014; Smith et al., 2015; Tselengidis et al., 2019), such as preventing further smoking regulations from being implemented (Weishaar et al., 2015). Corporate coalitions exist in varying sectors (e.g., retail, ingredients, intellectual property, and smokeless tobacco) and across organizations and entities (health organizations, media players, government officials, corporations, think tanks, trade unions, and opinion leaders) (Peeters et al., 2014; Smith et al., 2015; Tselengidis et al., 2019). A successful tobacco coalition was formed in opposition to the FCTC, with over 170 associations and companies across sectors expressing support for deregulation (Peeters et al., 2014). In the study of Weishaar et al. (2015), a structural network analysis on corporate coalitions revealed that the leader of a coalition is often determined by high-level centrality and compactness within the network.

The corporate sector also focuses on creating **interpersonal relationships**, predominantly through personal connections and financial donations to support existing relationships, which are mostly seen with businesses (Lacy-Nichols et al., 2023). Furthermore, the corporate sector successfully creates interpersonal relations with MEPs. For example, PMI contacted one-third of the MEPs prior to the finalisation of the policy proposals of the FCTC. They employed this strategy by targeting the MEPs when they were least guarded, such as through their national offices. Additionally, used MEPs from their third-party coalitions to isolate unsupportive MEPs (Peeters et al., 2014). Lastly, the corporate industry participates in repeated undisclosed meetings with senior Commissioners and fails to publish the minutes of these meetings, which is a requirement in FCTC Article 5.3 (Peeters et al., 2014).

Countering opposition	<ul style="list-style-type: none"> • Dismissing scientific evidence • Highlight the failure to address market aspects in proposed policies • Employing a high level of replicability in arguments against opposition
Effective messaging	<ul style="list-style-type: none"> • Utilizing economic frames to maximize support from the current liberal-conservative majority of Parliament • Shifting the focus from industry responsibility to individual behaviour
Suggesting alternatives	<ul style="list-style-type: none"> • Suggest regulation alternatives; deregulation and self-regulation • Suggesting alternative products that supposedly align with harm reduction strategies • Advocating for education and information • Providing alternative explanations for data
Strategic use of resources	<ul style="list-style-type: none"> • Leveraging financial resources to subvert policies • Strategically releasing information to create impressions of widespread support • Strategically supporting of counterintuitive policies • Strategic use of personnel throughout the policy cycle
Challenging institutions	<ul style="list-style-type: none"> • Using DGs to block extreme policy measures proposed by other DGs' • Critiquing consultations, advocating for more 'democratic' sessions that including corporate interests
Coalition building	<ul style="list-style-type: none"> • Promoting corporate interests through front groups or third-party coalitions • Building coalitions consisting of a variety of sectors and organizations • Appointing a coalitions leader based on centrality and compactness within the network
Interpersonal relationships	<ul style="list-style-type: none"> • Maintaining a high level of personal connections with policymakers • Using well-known MEPs to isolate unfavourable MEPs • Holding repeated, undisclosed meetings with Commissioners

Table 9: Overview of the corporate lobbying strategies aligned to their objective

Legitimization as stakeholders

The final objective was detected in both sectors in attempting to establish themselves as legitimate stakeholders. However, their approaches to achieving this legitimacy differed. The complete overview summarizing the health and corporate sector strategies aligned to this objective is listed in *Table 10*.

The health sector strived to position itself as a credible stakeholder, using the **expert knowledge** of health advocates. In the case of the FCTC process, health advocates effectively influenced and policies and regulations by positioning themselves as experts, offering technical knowledge, and identifying weaknesses in both the proposed policies and the government's position (Lencucha et al., 2010). Furthermore, health-related NGOs played a key role in influencing policy by producing reports and participating in various committees (Townsend et al., 2023). By employing specific jargon and targeting specific aspects of policy, health advocates directed their lobbying efforts toward particular areas of change within the FCTC (Lencucha et al., 2010), further reinforcing their expertise and credibility as stakeholders in the policymaking process. The corporate sector also aimed to be perceived as a legitimate stakeholder but often faced resistance due to "fear of association" (Weishaar et al., 2015). Regardless of this, they employed several strategies to legitimize themselves as stakeholders. For instance, they **suggested alternatives** for harm reduction, such as 'safer' tobacco-free products, in an attempt to position themselves as legitimate and reasonable stakeholders (Weishaar et al., 2015). Additionally, the corporate sector sought to strengthen its credibility through forming **coalitions**, such as the British American Tobacco (BAT) attempting to include an EC-funded think tank due to its "insider status" (Smith et al., 2015), or the Food and Drink Industry (FDI) working to promote their public image through building coalitions (Tselendigis et al., 2019). Additionally, the corporate sector sought legitimization by embedding itself into the EU decision-making structures and **challenging institutions**,

often by highlighting the need for the representation of multiple perspectives within committees (Peeters et al., 2014). For example, they attempted, unsuccessfully, to co-chair a parliamentary committee, traditionally led by the Health Committee, with the Internal Market Committee (Peeters et al., 2014). The attempt failed due to the ‘Dalligate’ scandal, in which Commissioner Dalli was forced to resign after having likely conducted illegal activities with the tobacco industry. Consequently, MEPs steered away from corporate inclusion in policymaking structures, afraid of “another scandal” (Peeters et al., 2014). Lastly, the corporate sector hired previous EU politicians, to lobby for tobacco-related organizations in the FCTC process, **strategically managing their resources** to strengthen the claims in their lobbying efforts (Peeters et al., 2014).

Thus, where the legitimization of health actors is sought through direct involvement in the policy cycle and expert knowledge, the legitimization of the corporate actors mostly occurs through forming coalitions and positioning themselves into institutions.

Health	Expert positioning	<ul style="list-style-type: none"> • Offering technical knowledge • Identifying weaknesses in current policy • Taking part in committees and developing reports • Using professional jargon in targeted lobbying efforts
	Suggesting alternatives	<ul style="list-style-type: none"> • Offering ‘better’ alternatives to position themselves as responsible stakeholders
	Coalition building	<ul style="list-style-type: none"> • Attempting to include stakeholders with ‘insider status’ to increase credibility
	Challenging institutions	<ul style="list-style-type: none"> • Attempting to imbed themselves into the EU decision-making structures
Corporate	Strategic use of resources	<ul style="list-style-type: none"> • Hiring former EU politicians to gain expert perspectives

Table 10: Overview of the health and corporate lobbying strategies aligned with the legitimization objective

Comparison of Health and Corporate Strategies

After documenting the varying objectives employed by the two sectors and their associated strategies, this subparagraph will include a comparative analysis between the health and the corporate sector. The identified framing and action strategies employed by both sectors are presented in *Table 11*. For overlapping strategies, the table highlights distinct characteristics to emphasize the sector-specific differences between the strategies. This subparagraph includes the descriptions of the applications and outcomes of the strategies across the two sectors to provide further explanations of the dynamics behind the strategies.

	Health sector	Corporate sector
Framing	Effective messaging <ul style="list-style-type: none"> • Communal focus • Statistical evidence • Emphasizing small wins 	Effective messaging <ul style="list-style-type: none"> • Individual focus • Self-reported evidence • Economic arguments
	Countering opposition: <ul style="list-style-type: none"> • Frame action of opposition as harmful and warning policymakers 	Countering opposition <ul style="list-style-type: none"> • Frame opposition as inadequate and undermine them
	Suggesting alternatives <ul style="list-style-type: none"> • Alternatives for replacing economic revenue • Add policies to increase the attractiveness of the primary policy proposal 	Suggesting alternatives <ul style="list-style-type: none"> • Propose structural regulatory changes (e.g., deregulation, self-regulation) • Focus on education and information
	Critiquing existing policies <ul style="list-style-type: none"> • Express concerns on the effectiveness 	
Action	Coalition building <ul style="list-style-type: none"> • Combine efforts and amplify voice of the health community 	Coalition building <ul style="list-style-type: none"> • Front groups
	Challenging institutions <ul style="list-style-type: none"> • Leverage expertise • Press EU responsibilities 	Challenging institutions <ul style="list-style-type: none"> • Questioning legality of proposals and consultations processes
	Strategic use of resources <ul style="list-style-type: none"> • High presence in consultations • Deployment of personnel based on the stage of the policy cycle • Late insertion of information to delay response of opposition 	Strategic use of resources <ul style="list-style-type: none"> • High and dominant presence in consultations • Deployment of personnel based on the stage of the policy cycle • Strategic insertion of information to generate impression of support • Financial deployment to subvert policies
	Interpersonal relationships <ul style="list-style-type: none"> • Private sessions and hallway conversations 	Interpersonal relationships <ul style="list-style-type: none"> • High level of informal and personal connections • Use personal connections to sign petitions and create counterstrategies
	Expert strategy <ul style="list-style-type: none"> • Positioning in committees • Assist in developing policy 	

Table 11: Overview of strategies employed by the health and corporate sectors

The majority of the strategies identified in the literature are similar across both the health and the corporate sectors. The differences and similarities in the applications and outcomes of the framing and action strategies in both sector are reported in the following paragraphs.

Both sectors focus their framing efforts on effective messaging, countering their opposition and suggesting alternatives. However, the health sector employs a unique framing strategy that is not observed in the corporate sector, namely critiquing existing policy to express concerns about the effectiveness of regulations and to stimulate change (Lencucha et al., 2010; Weishaar et al., 2015). Both the health and the corporate sectors applied **effective messaging** strategies in their lobbying efforts. The health sector emphasized communal aspects to highlight governments' responsibility for their citizens, while the corporate sector highlights individual responsibility and personal freedom to prevent government interference (David et al., 2015; Tselendis et al., 2019). Statistical evidence often supports the messages of the health sector, whereas corporate sector messaging often uses self-reported evidence (David et al., 2015). Furthermore, the health sector utilises change visions to attract policymakers to their messages and keeps reiterating small wins to maintain political momentum (David et al., 2015). In

contrast, the corporate sector uses economic arguments, such as revenue and job creation and black market risks, to make their position look more advantageous (Tselendigis et al., 2019). Both sectors sought to **counter their opposition** in their arguments. The health sector framed their ‘opposition’ by exposing their harmful activities in attempts to warn policymakers (Lencucha et al., 2010; Weishaar et al., 2015; Townsend et al., 2023). In contrast, the corporate sector aimed to frame their ‘opposition’ to be inadequate and undermine their knowledge (Tselendigis et al., 2019; Baumann et al., 2024). Both sectors **suggested alternatives** in their lobbying practices. The health sector suggested alternatives to enhance the appeal of their policy proposals, such as offering alternative economic revenue options, or proposing the combination of multiple policies claiming an increased effectiveness (Townsend et al., 2023; Baumann et al., 2024). In contrast, the corporate sector focused on proposing structural changes to the EU, advocating for self-regulation or deregulation (Weishaar et al., 2015; Tselendigis et al., 2019). They also vouched for alternatives to policy action such as increased education and information (Baumann et al., 2024).

The action strategies in both sectors focus on building coalitions, challenging institutions, employing their resources strategically, and creating interpersonal relationships. Distinctively, the health sector positions itself as **experts** in the policy process by offering technical expertise in committees, and by detecting flaws in policies and procedures (Lencucha et al., 2010). **Building coalitions** is considered extremely useful and ensures the consistent implementation of strategies over time (David et al., 2015). The health sector emphasizes the necessity for a unified coalition by calling for overarching coalitions to combine their efforts and collaboratively direct them to create change. The corporate sector attempts to build coalitions in the form of “third-party coalitions” or “front groups” to support corporate interests (Peeters et al., 2014; David et al., 2015). The action strategy to **challenge institutions** was also identified in both sectors but differed in application. The health sector leverages this by conversing with policymakers in committees, pointing them to their responsibilities for public policy, and steering them towards action (Baumann et al., 2024). In contrast, the corporate sector took on a more critical stance by questioning the legality of proposals or critiquing the consultation processes from the EU (Peeters et al., 2014). Furthermore, the **strategic use of resources** also recurred in both sectors. The health sector demonstrated a high presence in consultation processes (Baumann et al., 2024). Similarly, the corporate sector also maintained a high presence in these processes, often exhibiting a more dominant position compared to health NGOs (Baumann et al., 2024). Both sectors strategically deployed employees during the final stages of the policy process (Weishaar et al., 2015; Baumann et al., 2024). Furthermore, the health sector strategically inserted information late in the policy process, attempting to deprive the oppositions of a proper response (Peeters et al., 2014). In contrast, the corporate sector strategically released information to generate the impression of widespread support (Smith et al., 2015). Finally, the corporate sector further allocated financial resources to prevent certain policies from being implemented (Peeters et al., 2014). The use of **interpersonal relationships** was a common action strategy in both sectors. The health sector engaged in informal meetings, private sessions, casual hallway conversations, and lunch meetings to advance their goals (Lencucha et al., 2010). The corporate sector participates in meetings with the Commission and possesses high levels of informal connections (Lacy-Nichols et al., 2023). They often applied their interpersonal relationships to participate in developing counterstrategies and signing petitions (Peeters et al., 2014).

4.2. Participant Observation

This chapter presents the results from the participant observation in four subchapters. The first includes a comprehensive overview of the observation activities (*Table 12*), detailing both the activities and the lobbying observations, which are extracted from the complete observation dataset. The second subchapter includes a detailed description of significant lobbying observations on several structural aspects and lobbying strategies. The third subchapter presents a descriptive paragraph of the observational period, incorporating reflective insights from the researcher on elements that were not documented in the formal overview of observation activities but were deemed relevant for inclusion. The final subchapter concludes with three general narratives of notable observations, offering deeper insights into the context and setting in which the observations took place.

4.2.1. Observation Activities

Number (date)	Activity	Activity description	Lobbying observations
1 (2-12)	EU4Health forum	Conference on integration and impact focused on OneHealth, brain health and pediatric cancer	<ul style="list-style-type: none"> • Informing to influence EC agenda for 2025 • Information and messaging strategy • Coalition building • Divide scarce resources NGOs
2 (3-12)	International Scientific Symposium	Scientific symposium on reducing the burden of alcohol	<ul style="list-style-type: none"> • Targeted policy change • Countering industry and institutions • Messaging strategies; economic and alternative frames • Coalition building • Scarce health resources
3 (4-12)	Online internal meeting	Organization of a European public health event	<ul style="list-style-type: none"> • Informing to influence the EC agenda • Messaging strategy; awareness raising and including evidence • Coalition building • Limited resources of NGOs • Flexibility regarding institutional changes
4 (5-12)	NPIS forum	Conference on Non-Pharmaceutical Interventions (NPIS)	<ul style="list-style-type: none"> • Targeted at policymakers • Tackling misinformation • Alternative suggestion strategy • Coalition building; globally
5 (6-12)	Online meeting with a European Health institution	Potential partnership and collaboration with a European Health institution	<ul style="list-style-type: none"> • Lobbying inside AND outside own organization • Coalition building • Mistrust in institutions influencing reputation • Institutional barriers due to funding
6 (9-12)	Online meeting/ office day	Discussions about prior breakfast meeting about the upcoming Polish presidency	<ul style="list-style-type: none"> • Institutional flexibility in agenda-setting • Messaging strategies • Build consensus • Scarce resource allocation
7 (10-12)	Passing the baton at the Observatory	Conference on the future of Europe and translating data into actionable data	<ul style="list-style-type: none"> • Clash policymakers and science • Communication strategy • Dependence on civil society
8 (12-12)	Informal external meeting	Meeting with employee EU institutions to strengthen relations	<ul style="list-style-type: none"> • Relational strategies

Table 12: Overview of the participant observation data collection activities

4.2.2. Significant Lobbying Observations

This subchapter provides a detailed description of significant lobbying observations related to several structural aspects and lobbying strategies. Regarding the structural context, this section reports key findings providing additional information drawn from the observation analysis related to the institutional arrangements and instruments as discussed in the theoretical framework. Regarding the lobbying strategies, all of the strategies identified in the literature were confirmed through the observational analysis. Nonetheless, this subchapter only includes observations for lobbying strategies that either offered unique insights or demonstrated common and recurring patterns.

Structural context

Descriptions and evaluations of the structural context were frequently addressed during the observation activities. A recurring topic was the level of accessibility for lobbying of the EU institutions. Certain institutions, such as the EP, were perceived as flexible and approachable, while others, such as the Council, were regarded as more difficult to access and less adaptable. Beyond the perceived flexibility of the EU institutions, the impact of institutional changes on the adaptability of lobbying organizations was also frequently discussed. For instance, the necessity for health organizations and lobbyists to have flexible programs and agendas due to the rotation of the presidential seat of the Council, was highlighted by several data observation activities (3, 5, 6) (see second narrative on page 36). Furthermore, institutional responsibility was also addressed during several activities to motivate the institutions to act (2, 4). In addition, the current mistrust of citizens towards EU institutions was discussed, with an emphasis on the need of EU institutions to seek legitimate partnerships to improve their popularity (5). Finally, the importance of including civil society in advocacy processes was highlighted. Civil society was regarded as a crucial factor in gaining support from EU institutions, as it plays a key role in the re-election of EU members, making their opinions significant to EU institutions (5, 7).

Lobbying strategies

Data analysis revealed that strategies involving **effective messages** frames were frequently observed. A significant focus on effective messaging emerges during the second data observation activity. The primary finding was that messages aiming to inspire change should focus ‘*how*’ the change should occur, rather than ‘*what*’ change should occur (2). Furthermore, it was noted that existing messaging strategies often are too detached from individual behaviour, which can result in the message failing to resonate with the audience. For example, lobbying for the complete cessation of alcohol consumption was found to be less effective than focusing on reducing alcohol consumption gradually. While health practitioners are contested about promoting drinking limited amounts of alcohol based on health damages, the strategy to encourage small reductions in alcohol consumption proved to be most effective. This suggested the need for tailored improvements of public health messaging strategies to apply to individual contexts and be more effective (2). Another interesting observation was the use of economic frames within the messaging strategies of health lobbyists. For instance, arguments were made regarding the relevance of health issues for the internal market of the EU (2), as well as highlighting the relatively low costs of implementation of health-protecting policy (1). In the sixth data collection activity, the primary short-term goal of most messaging strategies was suggested to be aimed at securing operating grants.

In several data collection activities, **countering the opposition** emerged as a significant theme. The health sector aimed to highlight this strategy by exposing the activities of their opposition. They exposed activities such as delaying policy processes, distorting or reframing evidence, and discrediting narratives (2, 3). More specific strategies from the industry were exposed as well, such as pointing towards their framing strategies focused on individual behaviour, and underlining their action strategies,

such as creating important interpersonal relations and suggesting policy alternatives (2, 3). The primary goal for the health sector in countering their opposition was to emphasize and highlight the strengths of the health sector and improve transparency in the policy sector (2).

Another strategy that returned frequently was the **coalition building** strategy, seen through the call to strengthen the movement in general and creating partnerships (2, 3, 4). This strategy was often emphasized through slogans such as using “one unified voice” and “amplify our voices” (2), or emphasizing the need to “build bridges” (4). These metaphorical bridges were meant to bridge gaps between scientists, politicians and policymakers, as well as the gaps between different sectors. The need to build consensus among organizations about the way forward in order to build coalitions more effectively also recurred in the data (6). Another interesting aspect emerging from the data was the reputational consideration associated with building coalitions. For example, a European health institution evaluated potential collaborations with NGOs based on the level of prominence and credibility of potential partners, since this institution desired to enhance its own popularity and trustworthiness (5). Furthermore, an interesting dynamic in the partnership between scientists and policymakers was addressed. A European think tank emphasized that scientists should remain value- and evidence-driven in their work and resist political influence. However, the same organization also noted that politicians rarely read scientific books, despite their value in establishing scientists’ credibility as experts. The think tank suggested that clear and effective communication is essential to bridge this gap in fostering effective partnerships (7).

Another strategy that recurred frequently was the **strategic management of resources** to support lobbying activities. This strategy emphasized the scarcity of resources in the health sector and was often accompanied by calls for increased funding for the sector (2). Another application of this strategy was observed in the recommendation to strategically manage resources to increase the impact of lobbying efforts, which involved the strategic employment of agenda topics and information sources to benefit from the current institutional settings of the EU (6) (see first narrative on page 36). Strategic management of resources also occurred inside organizations, since health NGOs also strategically focused their efforts within their organization to determine the internal agenda (3).

4.2.3. General Observations: The unpredictability of the field

This subchapter provides a description of the observational period, including reflective insights on elements not previously discussed in other chapters of this study. Broad and flexible interpretations of the observation activities, based on the researcher’s perspective, are presented. Gaining these insights was made possible through engaging in participant observation, immersing oneself in a research context, and maintaining an open mindset.

One notable finding was the extensive, yet rapid preparation undertaken before the observation activities. This preparation involved formulating questions, organizing materials based on the anticipated topics and attendees, and drafting the desired outcomes. Interestingly, while this preparation was valuable when applicable, it was frequently unnecessary due to the unpredictable and chaotic setting of the observation activities. The events often changed significantly from the planned structure, with participants arriving late, leaving early, or failing to attend, making schedules difficult to maintain and making some of the prepared topics unusable. This unpredictability highlighted the critical importance of improvisation and intuition in navigating the observation activities. The ever-changing nature of the events required a flexible approach, which emphasized the ability to adapt to the setting and seize opportunities as they arose. This flexibility often relied on intuitive action, such as selecting random individuals who appeared useful or relevant, without prior preparation or knowledge of their roles. Nonetheless, well-planned and structured approaches proved highly valuable in providing guidance for achieving desired results in stable activities, and offered frameworks to follow in changing contexts.

Another notable observation was the necessity for health NGOs to prioritize lobbying efforts aimed at securing operating grants, which are an essential part for their existence. This dependency on the operating grants shifts the focus of the lobbying efforts away from achieving their health goals, and towards the pursuit of these grants.

4.2.4. Narratives on Conditions of Health Lobbying in the EU

This subchapter includes three general narratives that have been incorporated into the PO to offer additional information from the data collection period and the environment in which the data collection was conducted. Understanding this environment is crucial, as it provides context to the data which may be necessary for accurate data interpretation. Furthermore, the narratives may provide insights into the underlying connections between the theoretical concepts and their practical applications. They are created based on conducted observations and reconstructed based on the documentation of these observations and the interpretation of the researcher.

Institutional operating grants hindering collaboration

Public health organizations in Brussels aim to build coalitions by amplifying the voices of the public health community and “speak with one voice”. Coalition building was a recurring theme at conferences and in the literature. Although the conferences intended to amplify the voices of public health, practical challenges arose during informal moments that contradicted this goal. Seemingly informal conversations, in hindsight concerned “inter-organizational dramatics”, and the health NGO representative stated that you “had to be mindful not to step on toes”. The practical challenges that arose concerned the continuous competition between health NGOs for visibility and EC funding. This competition aimed to ensure that their agenda items received attention from policymakers and were more likely to be included in the European agenda. The reliance on operating grants fosters a competitive environment, driven by structural factors, which hinders effective coalition building, as operating grants determine the agendas and pit NGOs against each other. This narrative highlights how structural context can form an institutional barrier and hinder the daily workings and objectives of health NGOs lobbying policy in the EU.

Shift of agenda focus based on rotating presidencies

A key aspect of the observational period concerned the changes in the structural context, specifically the rotation of the presidencies of the Council of the EU. The EU Council of Ministers rotates every six months, with a new EU country taking the chair. Hungary took the seat in the second half of 2024, followed by Poland at the start of 2025. During the two-week observation period, preparations and intelligence were tailored to align with the agenda of the Council. Tailoring the organization’s goals to the presidency agenda is an attempt to increase the visibility of their objectives and the likelihood of success in reaching the Council and creating policy change. However, this biannual shift demands considerable adjustments and flexibility in the objectives of organizations, requiring substantial time for research and development of new targets. The continuous procedure of aligning to a new structural context raises the question of whether this adjustment process maximizes effectiveness and impact. Additionally, it highlights tensions between short and long-term goals and underscores the need for flexibility and adaptability of the NGOs to strengthen their goals.

Dynamic context: successful implementation of alcohol regulation in Ireland

The theory elaborated on the dynamic context as policy being influenced by past outcomes and the prehistory of lobbying relationships, which have shaped the policy landscape both positively and negatively. An observed case provided the opportunity to highlight a positive example of how combined lobbying efforts and relationships within the health sector have successfully altered the policy landscape.

During a conference on alcohol taxation, a policy precedent in Ireland was discussed, highlighting a roadmap spanning over a decade's worth of efforts and activities to achieve the goal of Ireland's Public Health Alcohol Act. This success story illustrates how lobbying policymakers is a marathon, requiring persistence and commitment to the process. The roadmap began in 2010, indicating an increased uptake of harm reduction approaches and strategies by EU institutions, advocating for the inclusion of evidence in policy and fostering innovation. These changes in the EU, stimulated changes in the structural context of the policy field in Ireland, resulting in Ireland's chief policy officer prioritizing harm reduction. Besides the shifts in the structural context, the coalitions in Ireland also contributed to the success of this policy precedent, by building strong alliances with over 30 organizations that combined their efforts to advocate for alcohol labelling. Additionally, the need to anticipate and combat commercial interests was also included in their roadmap to success. Lastly, the need for a "political champion" was emphasized. This "champion" would serve as an advocate for the proposed policy changes from the health coalition within the national institutions. This highlights the need for continuous support within the structural context in which lobbying occurs. As a result of their efforts, significant progress in alcohol policy reform was observed, with more than half of the proposed policy changes being implemented or scheduled for implementation in 2026.

5. Discussion

The study aimed to enhance the understanding of strategic lobbying activities undertaken by health and corporate representatives and the scope in which lobbying in the EU is occurring. This study investigated a small part of lobbying, which constitutes only a fraction of a very large political puzzle. This endeavour involved comparing the lobbying practices of health lobbyists to those of corporate lobbyists, while exploring the underlying dynamics of their lobbying activities, in order to address the following question: “How do public health representatives lobby EU policy in Brussels compared to corporate lobbyists, and how could this be explained?” This chapter presents the key findings of the study, along with their research implications. It also includes theoretical and methodological reflections, as well as a discussion of the researcher’s positionality. The chapter concludes with recommendations for future research.

Key findings

In this study critically examines, the structural context, the objectives, framing and action strategies, as well as the dynamic context of health and corporate lobbyists.

The structural context facilitated a deeper understanding of institutional instruments and arrangements within the EU, highlighting enabling and restricting factors for lobbying activities. The limited health-related powers within the EU limit the ability and amount of health regulations and legislations in the EU. Additionally, the flexibility in the interpretation of MS on EU directives, impacts lobbying efforts since it reduces their legislative and binding nature, thereby reducing the efficiency of implementation. Furthermore, the Better Regulation Agenda, including the Impact Assessments, provide both enabling and restricting properties, as it promotes increased evidence use while it is also applied by the corporate sector to cause regulatory delays. Lastly, the Precautionary Principle, consultations, and national governments offer additional access channels and guidelines for lobbying in the EU. Combined, all these institutional instruments and arrangements shape the context of lobbying in the EU, influencing the scope and strategies employed by lobbyists.

The investigation into the objectives unveiled a notable deficiency in the explicit articulation of both short- and long-term goals across sectors, with the existing literature primarily emphasizing strategies and tactics while leaving the goals implicit. This absence in combination with the conceptual overlap with related concepts, adds to the ambiguity of the concept lobbying. Nonetheless, lobbying goals were inferred from the identified strategies. This construction provided three goals; (1) *enhancing and developing suggestions for health policies, legislations, and regulations*, for the health sector; (2) *preventing restrictive policies, legislations, and regulations*, for the corporate sector; and (3) *legitimization as stakeholders*, for both sectors. These goals were reinforced and emphasized through sector-specific strategies aligned with their objective (1 & 2), as well as the shared objective of *legitimization as stakeholders* (3). The key distinction in the latter objective was health actors seeking direct involvement in the policy cycle through using expert knowledge and the corporate sector through forming coalitions to increase their credibility as a stakeholder. By reinforcing these objectives with the identified strategies, a clear connection the sector’s objectives and strategies was established.

The framing strategies identified for both sectors had significant overlap but differed in implementation and outcome, making them unique in each sector. Both sectors employed effective messaging, countering opposition, and suggesting alternatives. However, the health sector focuses more on showcasing evidence to support claims of effectiveness, emphasizing communal responsibility, and framing the activities of their opposition as harmful. In contrast, the corporate sector highlights individual responsibility, uses economic arguments, frames their opposition to be inadequate, and suggest regulatory alternatives, such as deregulation and self-regulation. Furthermore, the health sector

employs a framing strategy highlighting the critiques in existing policies, advocating for increased effectiveness in policies.

Similarly, the action strategies also showed great similarities across both sectors, though they differed in application and outcomes. Both sectors employed coalition building, holding institutions accountable, strategically managing resources, and engaging in interpersonal lobbying activities. The health sector focused on positioning itself as an expert in the policy process, depriving the opposition of a proper response through late insertion of information, and mobilising assets to amplify the voices of the public health community. In contrast, the corporate sector sought to influence policy by forming third-party coalitions, delaying the policy process, strategically releasing information to create the impression of widespread support, and utilising interpersonal relationships to support counterstrategies.

The dynamic context, encompassing historical precedents, past policy outcomes, and existing relationships, influences lobbying activities within the EU. Shifting dynamics, such as fluctuating operating grants and rotating presidencies create an unpredictable environment that shapes the strategies and objectives of lobbying, also influencing the effectiveness of lobbying efforts. The dependency on the operating grants highlights the financial barriers, limiting the scope of health lobbying and moving the focus away from health objectives and towards the existence of the lobbying groups. Additionally, the observations highlighted the chaotic and interdependent nature of lobbying processes in which intuitive intelligence and improvisational aspects are incredibly important to apply alongside evidence-based approaches.

Contributions to Lobbying Insights

The findings from the structural context and how the sectors navigate in these contexts provide valuable lessons. The distinct way in which both sectors navigate the context to enhance their lobbying efforts provides lessons for others lobbyists. For instance, the health sector could derive valuable lessons regarding the corporate sector's adaptive use of the IA to delay policies for their objectives. This insight contributes to the recognition of traditional health strategies, the evidence-based approaches, are being applied to counter the health sector.

Moreover, the identified similarities in strategies that all have a unique application or outcome per sector, present opportunities for cross-sector learning. For example, the significant emphasis on economic frames from the corporate sector within effective messaging strategies could be considered by the health sector to further refine and enhance their own messaging frames. Furthermore, this study reveals that differing strategies can be employed to achieve similar goals, such as legitimization as stakeholders. This finding provides insights and questions into why strategies differ when pursuing similar objectives and allows for further analysis on the effectiveness of varying approaches.

The absence of explicitly articulated objectives, potentially stemming from their perceived self-evidence, may also be attributed to the goal-oriented nature of the lobbying. Lobbying strategies and objectives are often developed in a collaborative, interdisciplinary, and iterative process, requiring stakeholders to work together to achieve shared goals. This process may benefit from a flexible approach, which allows stakeholders to maintain a broad perspective and tailor concepts to resonate with diverse interdependent actors, aligning varying interests, and fostering alliances more easily. The flexibility provided through the absence of a pre-determined framework for lobbying, may be a valuable asset in navigating complex political landscape in which lobbying often occurs behind closed doors and in informal settings. This also raises critical reflections on whether the absence of the goals in the articles by the authors might have been intentional.

Whilst the health sector's expertise in employing evidence-based strategies remains beneficial, the current political climate combined with the findings supporting the chaotic nature of lobbying, warrants the inclusion of intuitive aspects into lobbying strategies and studies. The current liberal-conservative majority in the political playing field is weakening the credibility and influence of expert-driven strategies. The findings on the chaotic nature of lobby processes, highlight the limitations of exclusively employing evidence-based approaches and underscore the necessity for a reconsidering alternative approaches. Therefore, lobbying strategies and studies should incorporate aspects into its activities that allow for flexibility and intuitive action that align with the unpredictable and chaotic contexts of lobbying. This does not suggest that the health sector should disregard evidence-based strategies, but rather integrate them with intuitive elements to enhance the ability of the health sector to effectively seize emerging opportunities, while remaining adequately prepared through structured, evidence-based approaches. Consequently, there should be a concentrated effort to educate health scholars to incorporate more intuitive approaches into their practices and grow more confident in employing these approaches in combination with evidence-driven strategies.

This study highlights the limiting scope of lobbying within the health sector, primarily due to financial restrictions. The reliance on fluctuating and unstable operating grants significantly restricts the ability of health lobbyists in the EU to operate effectively. Consequently, health NGOs are often required to prioritize lobbying for operating grants that secure their existence, rather than advocating for health outcomes that align with their long term mission. Lobbying to secure their own existence contributes to the contested nature of lobbying where the motivations of lobbyists can be scrutinized. Yet, this creates an inherent paradox, wherein lobbyists are unable to advocate for their cause without lobbying to support their own survival. This paradox indicates the inherent struggles and barriers faced by health lobbyists in the daily operations and dynamics within the EU.

Theoretical Reflection

This subparagraph reflects on the theoretical implications and limitations that arose during this study. The structured, yet broad layers of the CPA model offered structured guidance in identifying and analysing various key concepts for lobbying from both the literature and observational methodologies. These concepts, including strategies, objectives, and varying contexts, were comprehensive yet flexible, which made the model adaptable to emerging insights. This flexibility proved extremely useful in capturing the nuances and unexpected aspects that were encountered in this study, such as the lack of explicitly articulated goals and the chaotic nature of the lobbying process. The inclusion of the structural and dynamic context was also extremely valuable, since it provided the opportunity to link the framework more specifically to the institutional setting and dynamics of the EU. Combined, these two concepts proved valuable in linking the strategies and objectives to influences, both institutional and dynamic. For instance, the inclusion of the dynamic context enabled the understanding of how operational grants influence the public health agenda, since it influenced the lobbying strategies. Furthermore, the distinction between framing strategies and action strategies were instrumental in the identification of strategies, as the split in the two strategy categories provided a clear direction regarding the types of strategies that are commonly employed.

While theoretical frameworks for lobbying often tend to highlight critical aspects of political activity, identifying a framework that encapsulated the complexity of lobbying proved challenging. Existing frameworks, can lack a focus on health and none fully grasp the chaotic and interconnected nature of lobbying, making lobbying elusive and challenging to study comprehensively. Therefore, instead of concentrating exclusively on identifying a theoretical framework represented as a diagram with interlinked concepts, search strategies should remain open and focus on detecting theories that centre around studying key concepts that aid in capturing the full scope of lobbying. Additionally,

focusing on separate concepts instead of viewing them as a part of an interconnected figure, might avoid imposing limitations based on the boundaries of such frameworks. Furthermore, the emphasis of this study on the chaotic and unpredictable sides of lobbying suggests the inclusion of additional concepts into this model to contribute to capturing the broad and complex aspects surrounding lobbying. While relational aspects are part of the dynamic context, the emphasis on intuitive aspects highlights a dependency on relationships that requires an increased focus in the model. Therefore, including concepts such as, intuitive action, improvisation, or relational aspects could make the framework better equipped in capturing lobbying. To include more relational aspects into political studies was similarly suggested by Van Schendelen (2013). A critical reflection was needed on the definition of what constitutes as the structural context. Within this framework, certain aspects, such as governance systems and political norms, were suggested as components of the structural context. However, a hard definition was absent. This raises questions on whether the framework appropriately captures this concept and addressed all essential elements, especially since this concept is not considered to be a flexible one (Boessen, 2008; Scharpf, 2018). While this absence may have contributed to interpreting the findings in a flexible and open manner suitable for studying lobbying, the clarification of the model could be improved through including a hard and binding definition for this concept. Furthermore, the framework assesses different levels of political activity based on specific stages of the policy process. However, within the literature study a clear link with these policy stages was not indicated.

Lastly, this study suggests that lobbying differentiates itself from related concepts in benefiting from the absence of definitions and boundaries, which facilitates an easier and collaborative processes surrounding lobbying. Advocacy focuses on large public causes, public affairs management prioritizes improving relationships, and health diplomacy centres around cooperation instead of strategic engagement (McGrath et al., 2010, Avner, 2013; Almeida, 2020; Jessani et al., 2022; Kiçmari, 2024). In contrast, lobbying operates with far less explicit goals, which benefitted from the inclusion of open observations and flexible interpretations provided through the absence of hard definitions.

Methodological Reflection

The narrative literature review was selected based on its ability to include a diverse range of articles which proves suitable for studying conceptual concepts, such as lobbying. The systematic structure of Lame (2019) also provided guidance in structuring the steps in documenting a narrative review. The literature review relied on the accessibility of articles and publicly available data, which posed challenges given the undefined, and often informal nature of lobbying practices, often conducted behind closed doors (Lacy-Nichols et al., 2023). Upon reflection, the majority of the articles focus on the commercial determinants of health, such as alcohol, smoking and sugary-drinks, which are characterized by a high presence of corporate interest and attract more research. This may have improved the availability and accessibility of articles. However, the focus on commercial determinants of health may have influenced the generalizability of its findings to other health lobbying contexts. The search strategy employed in this study might have benefitted from excluding the word ‘*determinants*’ to ensure increased generalizability across health sectors. The limited number of articles retrieved from the initial search, could have benefitted from applying a more narrow search strategy across a broader amount of databases. This could have resulted in higher-quality articles, specifically on lobbying, and provided a wider range of health lobbying contexts.

The PO was incredibly informative, offering unique insights into the practical workings of lobbying that deepen the findings in this study, which could not have been achieved solely through conducting literature research. By actively engaging in real-life practices, this method linked strategies and objectives to actual cases, illustrating the connections with tangible and understandable examples, such as highlighting the chaotic nature of lobbying and the necessity for intuitive action in lobbying activities. The experience also emphasized the important contributions of health lobbyists in the public

health field. The policy officer demonstrated great expertise, strategic awareness, and ability to navigate complex political settings. These aspects radically differ from the contents of what is taught in public health education. In my view, traditional public health studies may be neglecting the importance of translating evidence into policy, which is an essential part creating lasting health impact. Therefore, health studies should incorporate this methodology extensively into lobbying research, as only this method brings the concept to life in a way that other methods don't. Furthermore, the data collection period should be extended beyond two weeks, as this timeframe was not nearly sufficient to capture the full scope of the concept. Furthermore, the unique opportunity to conduct observations for the study in December, led to the documentation structure being based on preliminary literature insights. This was necessary because the theoretical and methodological chapters had not been fully developed at the time of the observations. In reflection, the majority of the included aspects of the documentation structure overlapped with concepts proposed in literature.

Positionality

To prevent researcher bias, reflecting on a researcher's positionality is crucial, especially with participant observational methods, where the line between participating and observing can be difficult to manage (Musante, 2015). Being a female of student age may have influenced the dynamics of the interactions during the observations. While it provided a significant amount of conversations and valuable opportunities for engagement, it is important to consider how my personal attributes may have influenced the findings. Therefore, my positionality was taken into account during the data analysis and necessary acknowledgements were made on the potential influence of my positionality. Moreover, having a background in health sciences may have hindered the neutral comparison between the health sector and the corporate sector, as my expertise was rooted in the former. My academic background not being in political sciences also should be taken into consideration. As a result my prerequisite knowledge of political processes and lobbying was virtually non-existent at the outset of this study. However, in my view, this contributed to maintaining an open perspective in the data collection, as well as the data analysis, which contributes to the validity of the findings. Furthermore, in an attempt to mitigate the potential risks for researcher bias, a member check was included which would require the public health representative to assess whether the findings from the observational period were in line with her perspectives on the observed occurrences. Unfortunately, this member was not finalized and thus not incorporated into the study due to time restriction. I was not able to include this into this study on time. Lastly, it is important to note that this study does not solely reflect my own interpretations of the findings. The continuous contact with my supervisor, the policy officer, and individuals in the research setting influenced my interpretation of the analysis and are inherently linked to this study.

Research recommendations

This study examined lobbying strategies in the health and corporate sector and underlined similarities and differences. However, the discussion identifies several limitations, suggesting alternative research recommendations. Primarily, future research on lobbying should integrate in-depth participatory observations over a longer period of time into their research designs. Participant observation offers a flexible and adaptive approach which, through being present, contributes to capturing the elusive nature of lobbying. Furthermore, a research recommendation is to engage in interdisciplinary research to enhance the understanding of lobbying. Involving political scientists and anthropological scholars in the study of health lobbying would yield reflections that could be immensely valuable for the health sector. Such an interdisciplinary approach would facilitate analysis from various viewpoints and prevent the imposition of frameworks derived from a single domain onto this complex phenomenon. Difficulties and limitations of the structural context have been highlighted, particularly the lack of definitions. Future

research could focus on developing guidelines and a structured approach for researching the structural context. Especially since identifying which aspects are valuable for the structural context could help determine the conditions required to ensure the successful implementation of specific strategies. Additionally, future research should focus on the dynamic context. This study addressed some historical precedents and relationships that indicate a dynamic context, yet it remains a relatively limited focus. This limited focus should not imply a lack of relevance. On the contrary, studying the dynamic context could study long-term relations and activities that are occurring in a particular research setting. Moreover, future research should prioritize the health sector, which remains underrepresented in lobbying studies compared to the corporate sector, largely due to challenges such as limited resources and low presence in lobbying practices. Achieving equal opportunities for the health sector in political settings also requires contributions from academia. Therefore it is essential to allocate research resources towards understanding health lobbying practices to enable health lobbyists to apply empirical findings to their lobbying initiatives and become effective players in the political playing field.

6. Conclusion

This study aimed to improve our understanding of strategic lobbying activities of health and corporate representatives, exploring similarities and differences between lobbying efforts and discovering the dynamics of lobbying activities within the context of the EU. Within this study, the objectives, strategies, and contextual factors that influence both health and corporate lobbyists are documented. The findings indicated considerable similarities in the strategies employed by both sectors. However, their implementation and outcomes exhibited significant variability. The health sector prioritizes the use of evidence, positioning itself as an expert, and employing frames of communal responsibility. In contrast, the corporate sector employs economic frames, uses third-party coalitions, and proposes deregulation alternatives. These overlapping strategies and their varying applications present an opportunity for cross-sector learning. Furthermore, the study revealed a lack of explicitly articulated objectives, which corresponds with the understanding of lobbying as an ambiguous concept. This ambiguity, combined with the significant overlap with related concepts, complicates studying the distinct boundaries of lobbying. Observations highlighted the chaotic, interconnected, and unpredictable nature of lobbying, emphasizing the need to include intuitive and improvisational aspects into the lobbying strategies alongside evidence-based structures. This unpredictability partially stems from the limited scope in which health lobbyists operate due to financial barriers requiring them to lobby for their own existence, rather than advocate for their goals. Additionally, the structural dependencies within the EU, such as the rotating presidency of the Council, further underscore the unpredictability of the lobbying context and warrant an increased level of flexibility in lobbying strategies. To address these multifaceted challenges, health scholars need to integrate political knowledge into their studies on lobbying to increase their understanding of lobbying. Furthermore, future research should prioritize health sector lobbying and include participatory observations in their research designs to capture the full scope of lobbying. Despite the financial barriers and conceptual ambiguity, health lobbying remains a vital component of health sciences, deserving dedicated efforts from researchers, policymakers, and governments to address these challenges and complexities of lobbying. Addressing these challenges and enhancing the understanding of lobbying presents an opportunity to strengthen the effectiveness of health sector lobbying and strengthen the translation of evidence into policy.

7. References

- Aggarwal, R., & Ranganathan, P. (2019). Study designs: Part 2—descriptive studies. *Perspectives in clinical research*, 10(1), 34-36.
- Almeida, C. (2020). Global health diplomacy: A theoretical and analytical review. *Oxford research encyclopedia of global public health*.
- Aktinson, P., & Hammersley, M. (1998). Ethnography and participant observation. *Strategies of Qualitative Inquiry*. Thousand Oaks: Sage, 248-261.
- Avner, M. (2013). *The lobbying and advocacy handbook for nonprofit organizations: Shaping public policy at the state and local level*. Turner Publishing Company.
- Baumann, S., & Leão, T. (2024). Industries, citizens, and non-governmental organizations' positioning and arguments used in European Union initiatives for alcohol taxation and cross-border regulation. *International Journal of Drug Policy*, 129, 104475.
- Beyers, J., Eising, R., & Maloney, W. (2013). Researching interest group politics in Europe and elsewhere: Much we study, little we know?. *Interest group politics in Europe* (pp. 1-26). Routledge.
- Boessen, A. C. M. (2008). The politics of European Union health policy-making: an actor-centred institutionalist analysis.
- Brizuela, V., & Tunçalp, Ö. (2017). Global initiatives in maternal and newborn health. *Obstetric medicine*, 10(1), 21-25.
- Candela, A. G. (2019). Exploring the function of member checking. *The qualitative report*, 24(3), 619-628.
- Chambers, A. (2016). *The Lobbying of the EU*. London: Civitas: Institute for the Study of Civil Society.
- David, J. L., Thomas, S. L., Randle, M., & Daube, M. (2020). A public health advocacy approach for preventing and reducing gambling related harm. *Australian and New Zealand Journal of Public Health*, 44(1), 14-19.
- De Leeuw, E. (2017). Engagement of sectors other than health in integrated health governance, policy, and action. *Annual review of public health*, 38(1), 329-349.
- Dellmuth, L. M., & Tallberg, J. (2017). Advocacy strategies in global governance: Inside versus outside lobbying. *Political Studies*, 65(3), 705-723.
- Dulock H. L. (1993). Research Design: Descriptive Research. *Journal of Pediatric Oncology Nursing*, 10(4):154-157. doi:[10.1177/104345429301000406](https://doi.org/10.1177/104345429301000406)
- EUR-Lex. (n.d.). Legislative procedures. Retrieved on February 5 2025, from <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM:ai0016>

European Commission. (2024). Commission proposes to extend coverage of smoke-free environments. Retrieved on December 16, 2024, from https://commission.europa.eu/news/commission-proposes-extend-coverage-smoke-free-environments-2024-09-17_en

European Commission. (n.d.). Collaborative Policymaking: a qualitative systematic review of advice for policymakers. Retrieved on December 16, 2024, from <https://open-research-europe.ec.europa.eu/articles/4-204#:~:text=Complex%20policy%20problems%20are%20not%20amenable%20to%20simple,for%20collaboration%20is%20no%20guarantee%20of%20collective%20action.>

European Commission. (n.d.). Consultations. Retrieved on February 5, 2024, from https://commission.europa.eu/about/service-standards-and-principles/transparency/consultations_en

European Union (n.d.). Aims and values. Retrieved on December 16, 2024, from https://european-union.europa.eu/principles-countries-history/principles-and-values/aims-and-values_en

European Union (n.d.) Division of competences within the European Union. Retrieved on March 17, 2025, from <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aai0020>

European Union. (n.d.). History of the European Union – 1990-99. Retrieved on December 18, 2024, from https://european-union.europa.eu/principles-countries-history/history-eu/1990-99_en

European Union (n.d.). what it does. Retrieved on October 17, 2024, from https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-commission_en

European Union. (n.d.). European Parliament – roles and powers. Retrieved on March 16, 2025, from https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/search-all-eu-institutions-and-bodies/european-parliament_en#:~:text=The%20European%20Parliament%20is%20the%20EU%E2%80%99s%20law-making%20body,Find%20out%20more%20about%20its%20roles%20and%20responsibilities

European Parliament. (n.d.). Lobby groups and transparency: Lobby Groups And Transparency. Retrieved on February 5, 2025, from <https://www.europarl.europa.eu/at-your-service/en/transparency/lobby-groups>

Falagas, M. E., Pitsouni, E. I., Malietzis, G. A., & Pappas, G. (2007). Comparison of PubMed, Scopus, Web of Science, and Google Scholar: strengths and weaknesses. *The FASEB Journal*, 22(2), 338–342. <https://doi.org/10.1096/fj.07-9492lsf>

Ferrari, R. (2015). Writing narrative style literature reviews. *Medical writing*, 24(4), 230-235. <https://doi.org/10.1179/2047480615Z.000000000329>

Greer, S. L., Fahy, N., Rozenblum, S., Jarman, H., Palm, W., Elliott, H., & Wismar, M. (2019). *Everything you always wanted to know about European Union health policies but were afraid to ask*

- Jahan, N., Naveed, S., Zeshan, M., & Tahir, M. A. (2016). How to conduct a systematic review: a narrative literature review. *Cureus*, 8(11). doi: 10.7759/cureus.864
- Jessani, N. S., Ling, B., Babcock, C., Valmeekanathan, A., & Holtgrave, D. R. (2022). Advocacy, activism, and lobbying: How variations in interpretation affects ability for academia to engage with public policy. *PLOS Global Public Health*, 2(3), e0000034.
- Kawulich, B. B. (2005, May). Participant observation as a data collection method. In *Forum qualitative sozialforschung/forum: Qualitative social research* (Vol. 6, No. 2).
- Kıçmari, S. (2024). Definition of Diplomacy. In: Introduction into Diplomacy. Contributions to International Relations. Springer, Singapore. https://doi.org/10.1007/978-981-97-3897-7_1
- Kotanidis, S., Marie Thiel, & Elisabeth Bauer. (2023). *EU Transparency register*. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751434/EPRS_BRI\(2023\)751434_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751434/EPRS_BRI(2023)751434_EN.pdf)
- Lacy-Nichols, J., Quinn, M., & Cullerton, K. (2023). Aiding empirical research on the commercial determinants of health: a scoping review of datasets and methods about lobbying. *Health Research Policy and Systems*, 21(1), 56.
- Lame, G. (2019, July). Systematic literature reviews: An introduction. In Proceedings of the design society: international conference on engineering design (Vol. 1, No. 1, pp. 1633-1642). *Cambridge University Press*.
- Lencucha, R., Kothari, A., & Labonté, R. (2011). The role of non-governmental organizations in global health diplomacy: negotiating the Framework Convention on Tobacco Control. *Health Policy and Planning*, 26(5), 405-412.
- Linares-Espinós, E., Hernández, V., Domínguez-Escrig, J. L., Fernández-Pello, S., Hevia, V., Mayor, J., ... & Ribal, M. J. (2018). Methodology of a systematic review. *Actas Urológicas Españolas (English Edition)*, 42(8), 499-506.
- Lobbyfacts*. (n.d.). Retrieved on October 17, 2024, from <https://www.lobbyfacts.eu/>
- Mahtani, K., Spencer, E. A., Brassey, J., & Heneghan, C. (2018). Catalogue of bias: observer bias. *BMJ evidence-based medicine*, 23(1), 23-24.
- Mazzeo, M. (2024). Lobbying in the EU: Access Channels to Representation - *Meseuro*. Meseuro. Retrieved on January 18, 2024, from, <https://www.meseuro.com/lobbying-in-the-eu-access-channels-to-representation/?lang=en>
- McGrath, C., Moss, D., & Harris, P. (2010). The evolving discipline of public affairs. *Journal of Public Affairs*, 10(4), 335-352. <https://doi.org/10.1002/pa.369>
- McKinlay, J. B., & Marceau, L. D. (2020). Upstream healthy public policy: lessons from the battle of tobacco. *Political And Economic Determinants of Population Health and Well-Being*, 201-220.

- Merriam-Webster. (2018). The Origins of 'Lobbyist'. Retrieved on October 12, 2024, from <https://www.merriam-webster.com/wordplay/the-origins-of-lobbyist>
- Musante, K. (2015). Participant observation. *Handbook of methods in cultural anthropology*, 251-292.
- Pae, C. U. (2015). Why systematic review rather than narrative review?. *Psychiatry investigation*, 12(3), 417.
- Peeters, S., Costa, H., Stuckler, D., McKee, M., & Gilmore, A. B. (2016). The revision of the 2014 European tobacco products directive: an analysis of the tobacco industry's attempts to 'break the health silo'. *Tobacco control*, 25(1), 108-117.
- Peter, J. (2024). The Impact of Vaccination Campaigns on Public Health a Comprehensive Analysis. *Health Science Journal*, 18(6), 1-2.
- Pierson, P. (2000). Not just what, but when: Timing and sequence in political processes. *Studies in american political development*, 14(1), 72-92.
- Ragn, A. G., & Tvergaard, T. S. (2019). Direct and intermediated lobbying in the European Union (pp. 1–112). Retrieved on October 6, 2024, from https://research-api.cbs.dk/ws/portalfiles/portal/59752178/664839_Direct_and_intermediated_lobbying_in_the_European_Union.pdf
- Rosenbaum, P. R., & Rosenbaum, P. R. (2002). *Overt bias in observational studies* (pp. 71-104). Springer New York.
- Ruzin, A. (2023). THE EUROPEAN UNION FORUM FOR ECONOMIC LOBBYING. *KNOWLEDGE-International Journal*, 58(1), 199-205.
- Scharpf, F. W. (2018). *Games real actors play: Actor-centered institutionalism in policy research*. Routledge.
- Sirris, S., Lindheim, T., & Askeland, H. (2022). Observation and shadowing: Two methods to research values and values work in organisations and leadership. *Researching values: Methodological approaches for understanding values work in organisations and leadership* (pp. 133-151). Cham: Springer International Publishing.
- Smith, K. E., Fooks, G., Gilmore, A. B., Collin, J., & Weishaar, H. (2015). Corporate coalitions and policy making in the European Union: how and why British American Tobacco promoted “Better Regulation”. *Journal of health politics, policy and law*, 40(2), 325-372.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of business research*, 104, 333-339.
- Spradley, J. P. (2016). *Participant observation*. Waveland Press.

The European Institute for International Law and International Relations (2022). Regulation of interest groups at the European Union. Retrieved on December 16, 2024, from <https://www.eiir.eu/international-relations/europe/regulation-of-interest-groups-at-the-european-union/>

Townsend, B., Johnson, T. D., Ralston, R., Cullerton, K., Martin, J., Collin, J., ... & Friel, S. (2023). A framework of NGO inside and outside strategies in the commercial determinants of health: findings from a narrative review. *Globalization and Health*, 19(1), 74.

Tselengidis, A., & Östergren, P. O. (2019). Lobbying against sugar taxation in the European Union: analysing the lobbying arguments and tactics of stakeholders in the food and drink industries. *Scandinavian Journal of Public Health*, 47(5), 565-575.

Ulucanlar, S., Lauber, K., Fabbri, A., Hawkins, B., Mialon, M., Hancock, L., Tangcharoensathien, V., & Gilmore, A. B. (2023). Corporate Political Activity: Taxonomies and Model of Corporate Influence on Public Policy. *International Journal Of Health Policy And Management*, 12, 7292. <https://doi.org/10.34172/ijhpm.2023.7292>

Van Schendelen, R. (2013). *PUBLIC AFFAIRS (& LOBBY) OP POLITIEKE PROCESSEN IN NEDERLAND EN EUROPESE UNIE*. (unpublished manuscript)

Weishaar, H., Amos, A., & Collin, J. (2016). Unpacking commercial sector opposition to European smoke-free policy: lack of unity, 'fear of association' and harm reduction debates. *Tobacco Control*, 25(4), 422-429.

Appendix 1: Data Collection Protocol

Research Data Collection Protocol for open, explorative observation period

Researcher: Tessel Boonstra

Research period: 2-13 December 2024

Specifications of event:

Time	Activity	Place	Content	Participants	Initiative	Duration

Description of event:

QUESTIONS ABOUT HEALTH LOBBYING	ANSWER CATEGORIES	ANSWER SUB CATEGORIES
1. ABOUT WHAT AND WHY THIS? SELECTION OF TOPICS	Target of the EC (Vaccinations, health goals; Beating Cancer plan, Healthy Ageing, procuring medicines, medical equipment), within the EU competencies Commercial determinants of health	Tobacco, alcohol, food (sugar-fat-salt), fossil fuels, digital world (internet, social media, smart devices etc)
	Social or ecological determinants of health	Environment/ labour , climate, clean energy, pollution, biodiversity
2A. WHO IS LOBBYING	Pharmaceutical aspects (medicine market, incoop = procurement=EU competence) Through member states National Budgets (annual cycle Fall) Tacit aspects of the culture Explicit aspects of the culture Implicit aspects of the culture Important day-to-day practices Characteristics and dynamics of a group	Placing more emphasis for resilient health systems
2B. AIMED AT WHOM? (DECISION-MAKING ARENA)	Europeese Commissie Ambtenarij (DG SANTE of andere) Council of Ministers (de Raad) Europees Parlement → With WHO in the institutions are your speaking? Does is matter/differ?	Lobbying other group through national ministries
2C. WITH WHOM?	How do alliances look - Unusual suspects (business & employers' lobbyists)	
	Longevity of partnerships Requirements for partnerships	
2D.AGAINST WHOM? (LOBBYING ARENA)	Competition	<ul style="list-style-type: none"> Identify heavy weights within each political group Predict other groups potential sensitivity to the topic
	Playing field	<ul style="list-style-type: none"> Barriers in certain sector Barriers against lobbying vs certain actors

3A. HOW? STRATEGIZING AND TYPES OF ACTIONS	Several lobbying strategies	(Re-)Framing for legitimacy; using research evidence; inside and outside strategies? Negotiating (sub)topics and tasks or other
3B. HOW TO COUNTER THE CORPORATE PLAYBOOK	EU Institutional channels for consultation, advocacy, lobby	<ul style="list-style-type: none"> • Policy stages • Methods and tools (eg impact assessment)
	Advocacy tools	<ul style="list-style-type: none"> • Activism • Awareness raising • Education and training • Legal advocacy • Lobbying • Research and publications
	Information & messaging strategy	<ul style="list-style-type: none"> • Shaping evidence • framing debate • Lobbying policymakers • Stressing economic importance, creation of additional advantages (e.g., employment co-benefits)
	Constituency building strategy	Establish relation with <ul style="list-style-type: none"> • Health organizations • Opinion leaders • Policymakers • Media organization and community groups Look for common goals <ul style="list-style-type: none"> • Short term goals • Middle term goals • Long term goals
	Policy substitution strategy	<ul style="list-style-type: none"> • Promoting self-regulation • Voluntary initiatives as alternatives
	Reputational strategy	<ul style="list-style-type: none"> • Selecting/not selecting alliances to strengthen image • Promote for yourself through key partnerships • Framing own organization
	Competition/destabilization strategy	<ul style="list-style-type: none"> • Isolate other influential players • Create/find evidence for the opposition to cause fragmentation
	Legal strategy	<ul style="list-style-type: none"> • litigation
	Financial incentives	<ul style="list-style-type: none"> • Indication of buying loyalty
3C. HOW: LOBBYING CAPACITY IN HEALTH 3D. HOW: COALITIONS AND PARTNERSHIPS	HOW: are resources gathered	
	HOW do you collect intelligence	
	WHAT scope limitations do you have to work with	<ul style="list-style-type: none"> • Employees • Funding • Location

4. WHEN TO LOBBY	<p>Timing to legislative or policy process opportunities (windows)</p> <p>Long term strategizing health advocacy/lobby</p> <p>Long list-short list-shared list selection of topics for lobby</p>
5. INSTITUTIONAL AND AGENCY CONTEXT	<p>Corporate playbook (see above)</p> <p>Lobby as part of public affairs strategies</p> <p>Extent of enabling environment</p> <p>Actively restricting or helping through;</p> <ul style="list-style-type: none"> • Respect for human rights • Acceptance of the role of civil society as actors in their own right • Democratic political and policy dialogue • Accountability and transparency • Adequate resourcing • Political ideologies • Welfare regimes • Entitlements of social citizenship <p>Influences to environment</p>
6. AFTER LOBBYING	<p>“Spin-off” of lobbying</p> <p>Intended and unintended consequences of lobbying</p> <p>How has lobbying gone in the past</p>
7. RELEVANT OPEN OBSERVATIONS/QUOTES	
8. RELEVANT COUNTING AND MAPPING DISTINCTIONS	<p>Relevant absentees</p> <p>Distinct occurrences</p>

Appendix 2: AI Statement

The assistance of artificial intelligence (IA) tools was used when writing this thesis, specifically Grammarly. The tool was used to assist with grammar, spelling and writing style checks.

To assist the writing process, these Grammarly AI prompts were used:

"write in academic english, and don't change the content"

"use academic english and don't change the content"

"write in academic english"