

Proposal for an EU - High level political conference on Complementary and Alternative Medicine CAM

Summary

The purpose of the conference is to raise awareness of CAM among EU policymakers and stakeholders, highlighting how it contributes to population health and wellbeing. The objectives include providing information on the diversity of CAM, how it is used and by whom, the regulatory framework and gaps, relationship to EU policies and legislative tools. A second objective is to create a broad forum for CAM at the European level with the potential to stimulate a new structured dialogue among stakeholders.

The conference responds directly to the 2010 Work Plan, specifically to the priorities to promote healthy ageing across the lifecycle, the relation between a healthy population and economic productivity and supporting dynamic and innovative health systems. In addition the conference involves new and non-traditional actors for health. CAM has potential for health promotion and prevention, management of chronic conditions and to reduce major causes of lost work days such as stress and depression. CAM is widely used by practitioners and patients but is inadequately addressed and understood at EU level. The regulatory approach to CAM across the EU is fragmentary, leading to inequities and limits on patient rights and freedoms to practise.

The European Parliament is the institution that has engaged most on CAM, for example the recent publication EP publication 'EU Policy Challenges 2009-2019' notes "At present there is a complete mix of situations where certain types of treatments, particularly outside the official medical establishment, are banned in some places, tolerated in others and accepted and their costs reimbursed in other locations. This would affect practices such as homeopathy, acupuncture, naturopathy, etc. A far reached inquiry into the potential of the so called alternative therapies could be a matter of relevance for Europeans in the coming decade."

The CAM community have come together in a multi-disciplinary platform of patients, doctors and practitioners to engage more directly with the EU institutions. A high profile conference in Brussels on CAM and health is the catalyst to generate momentum for a more structured approach by the European Commission to CAM. The conference will touch on the state of CAM in Europe covering regulation, use, access, integration into health systems, safety and efficacy, potential for health promotion, disease management and palliative care. All of these issues could be taken forward in dialogue between EFCAM and the EU institutions, linking to the new FP7 research project on CAM and to the EP Intergroup on CAM.

The target participants are EU policymakers and a broad range of health policy actors, specifically engaged in health service management, workplace health and disease management. The impact and expected outcomes include greater understanding of CAM among EU policy-makers, more attention to CAM in EU policy documents, greater participation of CAM groups in EU policy debates and dialogues.

Purpose of the conference

The Complementary and Alternative Medicine (CAM) community want to demonstrate the significant role that CAM can play in contributing to disease prevention and health maintenance, improving public health, health information, quality of care, patient safety, the sustainability of healthcare systems and the healthcare workforce and reducing health inequalities.

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CAM is a holistic approach which can provide tailored healthcare to an individual, including a specific CAM treatment and advice on changes of lifestyle, diet and physical activity. The concept of health and well-being has gone through a fundamental shift over the past decade in the European Union (EU). There is now an EU structural indicator on healthy life years in the Lisbon Agenda, and a greater focus on how individual lifestyle patterns impact on health status has been matched by an increasing demand by individuals for more involvement and say in their own healthcare. This is contributing to the increasing uptake of CAM by individuals, with an estimated 1 in 6 Europeans regularly using CAM products and practices.

However, regulation of CAM is very diverse across the EU leading to gaps and inconsistencies. The majority of CAM practice takes place outside of healthcare institutions, largely self-financed by patients who are actively seeking to improve their wellbeing. The growth of CAM has led to greater academic attention and scrutiny of CAM approaches, an emerging emphasis on 'integrated healthcare' and most recently the launch of the pioneering CAMbrella project by DG Research under FP7 which will set out an EU-wide road map on CAM research.

The specific purposes of the conference are:

1. Increasing awareness and general understanding of CAM among EU policy-makers and institutions
2. Information provision on the use of CAM, its contribution to the EU's health strategy and programmes, the regulatory framework whilst exploring relevant issues for the EU
3. Create a forum for stakeholder discussion on CAM at the European level with the potential to stimulate a new structured dialogue on CAM.

Objectives

1. Increase awareness and general understanding of CAM among EU policy-makers and institutions.
CAM professionals support their patients in behaviour change, a key challenge in tackling lifestyle-related chronic conditions. The conference will highlight what existing skills, knowledge and experience CAM has to offer to the emerging patient-centric approach to health maintenance and conventional healthcare, for example, active involvement of the patient in their own care. It will also challenge common myths associated with CAM, and highlight the differences between CAM and conventional medicine to enable policy makers to make more informed decisions.
2. Provide information on the use of CAM, the regulatory framework and explore relevant issues for the EU.
Although many Europeans use CAM, there is diverse regulation across the EU on who can practise, what qualifications are required, how services are offered and financed. At EU level there has been little discussion of CAM, meaning that an important aspect of health seeking behaviour and service provision is not addressed. The rich diversity of CAM practices will be highlighted throughout the event to stimulate discussions, providing a snapshot of who uses

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CAM, why and in what areas CAM is particularly effective. The OECD notes that only 3 % of health budgets are spent on prevention and promotion, leading to calls for a paradigm shift away from treating illness and towards helping individuals to make healthier choices and take greater responsibility for their own health, a key area where CAM professionals can add value.

3. Create a forum for stakeholder discussion on CAM at EU level
The conference will build trust and encourage dialogue. It will identify stakeholders who can work together on CAM relevant issues in the future as well as potential objectors to CAM. Multiple examples of how CAM can positively contribute to European priorities such as improving public health, health maintenance, health information, quality of care, patient safety, reducing healthcare costs and health inequalities and the future of the health workforce will be explored and form the basis of future discussions.

Coherence of the conference aims with the WP 2010/ 2nd Health Programme in general

The conference is coherent with two priorities of the EU Health Strategy, 'promoting healthy ageing across the lifecycle' and 'supporting dynamic and innovative health systems'. CAM practices inherently promote health literacy and healthy lifestyle habits, and are often used for management of chronic diseases as well as for major causes of lost work days like back pain, stress, depression. CAM thus has a role to play in building economic prosperity by enhancing health in the work place and cutting illness related absences.

Health inequalities need to be addressed in the context of CAM which largely takes place outside of national healthcare systems and therefore self financed by patients. Research suggests the primary reason that people choose CAM is health maintenance, meaning that access to CAM and its wellbeing benefits are limited to those that can afford it. The varying CAM regulatory frameworks across the EU further adds to inequalities, as patients in some countries have access to more treatment choices than in other countries. Patients who use CAM methods take joint responsibility for their health, often seeking to balance the side-effects of conventional medical care. A significant feature of the majority of CAM disciplines is their relatively high safety profile in comparison to conventional interventions, including through the use of naturally sourced, low-risk medicinal products. There is a steadily increasing evidence base for the effectiveness of CAM in managing a range of conditions where conventional medicine lacks effect.

The lack of attention to CAM at EU level affects the sustainability of health systems for example, as healthcare systems do not recognise CAM disciplines, there are restrictions on professionals' right to practise and many health professionals have left primary care to go into private practice, withdrawing skills from the health system. However, CAM therapies may offer significant savings for public health bodies and to the economy as they can be used to reduce more costly, more invasive treatments. CAM use can help reduce conventional medication use, minimise working days lost and has a high patient satisfaction quota.

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Innovative ideas of the conference

The format of the conference is designed to encourage interaction, maximum exchange between participants and provide an opportunity for the full diversity of CAM to be explored and experienced. An open call for participation will invite offers of input for the three parallel workshops, allowing for active engagement by participants.

To measure the level of knowledge of participants, there will be questions about their understanding of CAM at the point of online registration which will be provided to the speakers so that they can tailor their interventions to meet the needs of the audience. In addition participants will be able to draft questions about CAM that will be put into a questions box on the day of the conference. Post-conference, the answers will be provided by the conference Steering Committee and their extensive network of experts and both questions and answers will be placed on the conference website.

Alongside the conference is the wellbeing space, hosting a poster exhibition and practical demonstrations of selected CAM techniques, as well as enabling CAM professionals to present their materials and tools, e.g. acupuncture needles, phytotherapy products and participants can appreciate the holistic concept of health.

To increase understanding of CAM practices and therapies, a series of fact sheets on different disciplines will be available for all participants on the day of the conference and electronically via the conference website post conference, to better facilitate further dissemination.

Free 15 minute taster sessions of specific CAM that are practical to be offered to all participants, e.g. acupuncture treatment, shiatsu, reflexology, over the coffee breaks and lunch period. This will give participants a chance to see and experience the types of CAM therapies being discussed in the plenary session.

Impact and expected outcomes of the conference

CAM represents an important part of healthcare delivery and provision in Europe, is a fast growing segment of the economy and is used by significant numbers of EU citizens. CAM is an integral part of the concept of wellbeing, is based on patient empowerment and choice and should be part of strategic approaches to health promotion and prevention. However, it is largely absent from the EU policy agenda. The impact of the conference will be a raised profile of CAM among EU policy-makers and greater understanding of the diversity and breadth of CAM. The conference will highlight CAM as an important aspect of health seeking behaviour and service provision. Common myths associated with CAM will be diffused and the differences between CAM and conventional medicine will be made explicit to enable policy-makers to make more informed decisions.

Participants will have a better understanding of the diversity of approaches to CAM across the EU and the main challenges associated with it. Policy-makers will have a greater understanding of what CAM is, who practises it, who uses it and why, the contribution of CAM to individual wellbeing, health prevention and promotion, equity issues, regulatory aspects, safety and efficacy questions, controversies and areas for further research.

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Outcomes will include greater participation of CAM professionals and patients in EU consultations and stakeholder processes, closer cooperation between the new European Parliament CAM Interest Group and European Commission staff.

The added-value that CAM can provide for health promotion and disease prevention through helping individuals to make healthier choices and take greater responsibility for their own health will be better understood. The potential CAM contribution to multiple European priorities such as improving public health, health information, quality of care, patient safety, reducing healthcare costs and health inequalities and the future of the health workforce will be demonstrated.

The interest in and momentum of this collaboration will hopefully continue growing in strength and lead to increased consideration of CAM at the European level.

Organisation and planning of the conference

The Steering Committee is the decision-making body on the objectives, content, format, speakers and participants of the conference. The Scientific Committee will review abstracts for pre-conference meetings and poster proposals, and advise on the evidence base of CAM. An experienced events organiser, European Public Health Alliance (EPHA) will be sub-contracted to manage all of the logistical and administrative tasks of the event. They will work under the supervision of the Steering Committee and draw on their extensive Brussels knowledge to ensure the smooth functioning of the event.

The conference will last one full day but to add value to the event, interested organisations will be encouraged to arrange pre-conference meetings on a related topic such as an annual meeting of a CAM professional network. This will increase the willingness of potential participants to travel to Brussels to take advantage of networking opportunities. To secure a pre-conference slot interested organisations will have to complete a short template indicating the topic of the pre-conference meeting, the aims and objects, target participants and added value to the conference.

The conference will feature plenary sessions, workshops and 15 minute taster sessions of different CAM techniques in the wellbeing space. The practical planning of the conference will be divided into pre-conference, on-the day and post-conference tasks. Examples of pre-conference tasks are finalising the agenda, contacting and briefing speakers, identifying and confirming an appropriate venue, drafting and sending a conference announcement and 'save the date' to target participants, creating a conference website with online registration, contracting caterers, arranging hotels, preparing conference packs and media release. On-the day tasks will include: setting up the registration desk, arranging layout of the conference room/s and exhibition space and uploading guest speaker presentations, minute taking. Post-conference activities will include: Finalising Conference report, drafting the final report for the European Commission and disseminating the report to all MEPs with targeted information about CAM.

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Profile of the conference holder

This event is an initiative of the European CAM stakeholder group, a recently created platform representing doctors, patients, and practitioners from multiple CAM disciplines and traditions. On behalf of the group, ECH is the applicant for the EU conference grant.

ECH represents all medical doctors specialised in homeopathy, organized in 40 associations in 25 European countries. It promotes scientific development of homeopathy and is aimed at ensuring high standards in the education, training and practice of homeopathy by medical doctors; harmonising professional standards in homeopathic practice across Europe; providing high-quality homeopathic care in a safe medical context and integration of homeopathy within the European healthcare system. ECH seeks to raise greater awareness amongst EU institutions, policy makers and NGOs on the role CAM in general and homeopathy in particular can play in European health care. ECH has the secretariat of the CAM Interest group in the European Parliament and is a member of the European Public Health Alliance and the EU Health Policy Forum.

Steering Committee

Name	Institution	Country	Task
Mr Seamus Connolly	European Federation of Complementary and Alternative Medicine (EFCAM)	EU level association	Liaison with the Scientific Committee
Mr René De Winter	European Federation of Patients Associations for Anthroposophic Medicine (EFPAM)	EU level association	Representation of patients' interests
Mr Stephen Gordon	European Central Council of Homeopaths (ECCH)	EU level association	Liaison with contracted organiser, EPHA Representation of homeopathic practitioners.
Dr Robert Kempenich	European Council of Doctors for Plurality in Medicine	EU level association	Representation of medical specialists practising CAM modalities
Dr Patricia Le Roux	European Committee for Homeopathy (ECH)	EU level association	Representation of medical doctors practising homeopathy
Dr Hedi Luxenburger	International Council of Medical Acupuncture and Related Techniques (ICMART)	EU level association	Representation of medical acupuncture and Eastern Medicine traditions

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Dr Walburg Marić-Oehler	International Council of Medical Acupuncture and Related Techniques (ICMART)	EU level association	Representation of medical acupuncture and Eastern Medicine traditions
Dr Ton Nicolai	European Committee for Homeopathy (ECH)	EU level association	Coordination, finances, liaison with contracted organiser, EPHA and Scientific Committee
Mr Günther Schulz	International Federation of Anthroposophic Medical Associations (IVAA)	EU level association	Finances, liaison with contracted organiser, EPHA
Mrs Enid Segall	European Federation of Homeopathic Patients' Associations (EFHPA)	EU level association	Representation of patients' interests
Dr Wolfgang Schmitz-Harbauer	European Council of Doctors for Plurality in Medicine	EU level association	Representation of doctors practising CAM modalities
Dr Madeleen Winkler	International Federation of Anthroposophic Medical Associations (IVAA)	EU level association	Representation of General Practitioners practising CAM modalities
Dr Peter Zimmermann	International Federation of Anthroposophic Medical Associations (IVAA)	EU level association	Representation of medical specialists practising CAM modalities

Scientific Committee

Name	Institution	Country	Task
Prof Dr Simona Dragan, MD, PhD	Preventive Cardiology and Rehabilitation, University of Medicine and Pharmacy Victor Babes Timisoara	Romania	Review of abstracts, advice on evidence base for CAM
Professor Helle Johannessen, PhD	Institute of Public Health Research Unit Health, Man and Society, Odense	Denmark	Review of abstracts, advice on evidence base for CAM
Professor George Lewith, MD	University of Southampton Faculty of Medicine, Health and Life Sciences Complementary &	United Kingdom	Review of abstracts, advice on evidence base for CAM

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	Integrated Medicine Research		
Ms Tamsin Rose, Director	Tamarack SPRL	Belgium	Strategic advice on EU policy and context
Mr Seamus Connolly	European Federation of Complementary and Alternative Medicine	Belgium	Liaison with Steering Committee
Professor Harald Walach, PhD	European University Viadrina Institute for Transcultural Health Studies & Samueli Institute, European Office	Germany	Review of abstracts, advice on evidence base for CAM
Professor Dr. med. Dr. phil. Winfried Banzer MD PhD	Johann-Wolfgang-Goethe University Frankfurt /M Institute Sports Science Dept. Sports Medicine	Germany	Review of abstracts, advice on evidence base for CAM
Assistant Professor Dominik Irnich MD	Clinic of Anaesthesiology University of Munich, Campus Innenstadt	Germany	Review of abstracts, advice on evidence base for CAM
Assistant Professor Florian Pfab MD	Clinic for Dermatology und Allergology am Biederstein Technical University of Munich	Germany	Review of abstracts, advice on evidence base for CAM
Dr Hansueli Albonico MD	Union of Swiss Medical CAM Associations Department of Complementary Medicine Emmental Hospital	Switzerland	Review of abstracts, advice on evidence base for CAM
Dr Ursula Flatters MD	Consultant Physician Vidarkliniken Järna	Sweden	Review of abstracts, advice on evidence base for CAM
Dr Harald J. Hamre MD	Institute for Applied Epistemology and Medical Methodology Freiburg	Germany	Review of abstracts, advice on evidence base for CAM
Professor Dr Peter Heusser MD, MME (UniBe)	University of Witten/Herdecke Faculty of Medicine, Centre for Integrative Medicine	Germany	Review of abstracts, advice on evidence base for CAM
Dr Friedemann Schad MD	Senior Physician Gemeinschaftskrankenhaus Havelhöhe, Berlin	Germany	Review of abstracts, advice on evidence base for CAM
Dr Bettina Reiter	Viennese International Academy of Integrative Medicine	Austria	Review of abstracts, advice on evidence base for CAM
Dr Wolfgang	Technical University of	Germany	Review of abstracts,

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Weidenhammer	Munich		advice on evidence base for CAM
Professor Torkel Falkenberg MD	Huddinge	Sweden	Review of abstracts, advice on evidence base for CAM
Petter Viksveen MNHL NAN BA MSc (BA in Pedagogy MSc in Homeopathy)	Stavanger	Norway	Review of abstracts, advice on evidence base for CAM
Ms Monika Kosinska, Secretary-General	European Public Health Alliance	Belgium	Review of abstracts, advice on evidence base for CAM
Professor Andrew F Long	University of Leeds School of Healthcare	United Kingdom	Review of abstracts, advice on evidence base for CAM
Dr Paolo Roberti di Sarsina MD	Permanent Committee of Consensus and Coordination for CAM in Italy	Italy	Review of abstracts, advice on evidence base for CAM

Preliminary Programm

14:00 - 17:00, Pre-conference events

18:00 – 21:00 Social event and opening of CAM wellbeing space demonstrating and informing on CAM approaches and the integrated approach to healthcare

Draft Programme

09:00 – 09:30, Registration

09:30 – 10:45, Session I

- Introduction to EU Health policies (DG SANCO)
- Introduction to CAM and Integrated Healthcare
- Patients' perspective on CAM

10:45 – 11:15, Coffee Break

11:15 – 12:45, Session II – Relevance of CAM for EU Health Policies (workshops)

- Workshop 1 : Regulatory and workforce issues
- Workshop 2: CAM and chronic disease management
- Workshop 3: CAM and promotion/prevention

12:45 – 14:15, Lunch, CAM taster sessions in the wellbeing space

14:15 – 15:30, Session III – Challenges and opportunities for CAM

- Ignorance, prejudice, different paradigms, access
- Evidence base and efficacy
- Costs and cost-effectiveness
- Patients' perspective

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15:30 - 16:00, Coffee break

16:00 – 17:30, Session IV – The way forward to integrated healthcare (panel)

- Vision
- Integration into healthcare and public health systems
- EU Perspectives
- Patients' wishes and hopes
- CAM in Europe
- Recommendations and manifesto for CAM in Europe

17:30 – 18:30, Cocktail reception in the wellbeing space

Target participants

There are three key target audiences for the conference: policy-makers at EU level because this is where the information gaps about CAM are greatest, organisations interested in workplace health because this is where the greatest gains could be made and bodies active in chronic disease management which is how CAM is largely utilised.

Among the target European policy-makers from the European Commission (SANCO, MARKT, TRADE, EAC, EMPOL), ECOSOC, COR, EU-OSHA, EMEA and the European Parliament (ENVI, PETI, IMCO, ITRE) well as national competent authorities that regulate CAM practices and products.

CAM and wellbeing are inextricably linked. EU-OSHA reports that stress accounts for 50-60% of all lost working days - a huge cost both in terms of human distress and financial productivity. CAM therapies can provide relaxation, understanding of stress triggers and responses and stronger individualised coping and preventative mechanisms to build resilience to stress. Therefore the target participants will include organisations with an interest in workplace health e.g. social partners (employers and trade unions), occupational health, health insurers, healthcare managers.

Participants will be also targeted that address the health promotion and disease management spectrum covering mental health, nutrition, lifestyle and physical activity. Given the high use of CAM for cancer (35% of patients) and management of chronic diseases such as diabetes, infertility, arthritis, patient organisations from conventional and CAM perspectives will be invited to share their experiences. Conference announcements will be widely distributed by email alerts but there will be pro-active outreach to priority stakeholders groups, identified by the Steering Committee. The focus will be to work through European umbrella networks for their dissemination capacity but the engagement of national, regional and local organisations will also be encouraged.

Participants expected

The expected number of participants is 150, approximately 90 % of which will come from EU Member States and the remaining 10% will be drawn from neighbouring EU Member States and non-European countries. Given the large quantity of umbrella organisations in Brussels, many participants will be local but representing members in many EU Member States and beyond.

As the conference will be hosted in Brussels, there is a strong likelihood that there will be a higher percentage of representatives from western Europe compared to Central and Eastern European due to the costs incurred, ease of and time involved in travelling to the conference venue. A balanced

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geographical coverage of participants is desired and so, encouraging registrations from Central and Eastern Member States such as Bulgaria, Romania and Poland will be a priority - including fundraising for bursaries.

The target participant mix will be 30 % from the CAM community (health professionals and users), 30 % policy-makers (European and national), 20% from workplace health, 20 % from disease management and health promotion networks.

CAM is used across the EU, with different therapies being more popular in some countries than others (homeopathy in the UK, anthroposophic medicine and phytotherapy in Germany etc). The participants mobilised from the CAM networks will therefore be multi-disciplinary and geographically diverse. Attention will be paid to ensure that policy-makers and regulators will be targeted to bring different models of healthcare (Beveridge type – UK, Cyprus, Denmark, Bismarck type – Germany, France, Belgium, Slovenia, Estonia) and different approaches to integration of CAM into healthcare systems. Participation from a wide range of stakeholders is expected. This will include multiple representatives from European, national, regional and local level, healthcare regulators, conventional medicine, civil society, health insurers, patient groups, other health promoting stakeholders, first-hand users of CAM and CAM professionals from a variety of CAM disciplines.

Risk analysis and contingency planning

Time and cost estimates too optimistic: The budget has been carefully prepared to reduce this risk. The budget is modest but feasible, co-funding targets are realistic. The project manager will regularly review the budget and liaise with the members of the Steering Committee with responsibility for finance.

Date clashes: The Steering Committee will make every effort to select a date that does not conflict with key dates in the EU health calendar. The venue will be secured 6 months in advance and the date will be published at least 4 months in advance.

Insufficient and unrepresentative participation: The project manager will monitor registrations and inform the Steering Committee about any potential under-representation in a timely manner so that more pro-active outreach can take place.

Unclear roles and responsibilities: The Steering Committee will ensure oversee and decide on all aspects of the event including format, timing, themes and speakers. A memo of understanding with EPHA will set out their organisational and logistical support responsibilities.

Stakeholder input is not sought or their needs are not properly understood: The Steering Committee includes a representative group of stakeholders who will feed into the planning of the conference. The option for participants to ask 'what they always wanted to know about CAM' when they register will enable speakers to tailor their interventions.

Speaker presentations too long: Conference organisers will brief speakers and give guidance on length and content of the presentation. The presentations will be requested at least 2 weeks before the conference to ensure they reflect the brief they were given.

Technical difficulties: Presentations will be saved on a USB stick and CD ROM, technical equipment will be tested before the event starts.

Poor dissemination of results: A complete dissemination strategy will be created, identifying how to formulate information products for different stakeholders.

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Sponsorship

The co-funding for the conference will be provided for by the CAM professional and patient organisations which are all self-financed through membership fees. The individuals on the Steering Committee and Scientific Committee are contributing their time on a voluntary basis to shape the content and format of the event.

In order to increase the impact and visibility of the event, sponsorship opportunities will be available to add value to the conference. Such sponsorship may include support for a networking cocktail, funding for printing posters or material related to the event, financing for the exhibition or promotional items for conference participants, bursaries for travel/accommodation for participants from patient organisations or CEE countries.

The conference Steering Committee will draw up guidelines for accepting funds which will set out the ethical and social criteria to be met by a potential sponsor. Offers of sponsorship will not be accepted from organisations or structures whose mission and values are inconsistent with a holistic vision of health and well-being, for example tobacco or alcohol industries.

The Steering Committee will be responsible for reviewing all offers of sponsorship against the pre-determined criteria and make a judgement about the contribution that such funding would make to the overall objectives of the conference. The decision of the Steering Committee will be final and any sponsorship that is accepted will be fully transparent to the European Commission and the conference participants.

Sponsors would receive acknowledgement of their sponsorship request in writing and electronic conference material but the use of logos during the conference would not be permitted.

Marketing and communication to the target participants

The Steering Committee will develop a marketing plan to review all of the key target audiences, identify the best channels to reach these groups and allocate tasks. The project manager will report to the Committee on a monthly basis on progress in marketing and registration numbers.

A conference website will be created to promote the visibility of the event, provide background information and to allow online registration for the event, and applications for the poster session, the wellbeing space demonstrations and the pre-conference meetings. The website will be transparent, listing the members of the Steering Committee and the financial support received.

The Steering Committee will select priority policy-makers in the EU institutions (Commission, ECOSOC, EU agencies) to receive individualised invitation letters by email and follow up phone calls. The members of the EP CAM Interest Group will be asked to promote the conference through their political groups at European and national level, and disseminate conference proceedings and materials post-event.

The conference will be announced in the ECH newsletter which has in the region of 1,000 subscribers. The conference announcement will also be sent out electronically through the mailing lists and networks of the members of the Steering Committee, covering the CAM community in many European countries

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and including a broad range of therapies and disciplines. The event will also be highlighted on the websites and newsletters of the conference partners, including EPHA (5,000 newsletter subscribers). The conference announcement would also highlight the different ways of participation including the opportunity to apply to run a workshop or an associated pre-conference meeting, to feature in the wellbeing space with a poster or CAM taster session.

Regular update emails will be sent to the mailing list and registered participants, highlighting confirmed speakers, news on the format (activities in the wellbeing space). A reminder email with the final agenda will be sent to all registered participants 2 to 3 days before the event, to ensure maximum attendance.

Dissemination of the conference deliverables

D1 Conference website. Link to the conference website will be disseminated through various means including e-alerts, personal invitations and electronic newsletters. Target audience includes European and national Parliamentarians, regulatory authorities, think tanks, health networks, insurers, patients and health professionals' groups.

D2: Leaflet Top 10 CAM myths busted. This will be available on the conference website prior to the conference and hard copies will be available on the day of the conference.

D3: Leaflet CAM compared with conventional medicine summary. Hard copies will be available on the day, emailed to participants, on the conference website after the event.

D 4,5,6: Specific CAM approaches (TBC) fact sheet *3

Hard copies will be available on the day and electronic copies will be made available on the conference website after the event. Each fact sheet will indicate links with EU health strategy related policy initiatives.

D7: CAM taster sessions. These will take place in the wellbeing space during the lunch break of the conference.

D8: Participant list with contact details. This will be included in the welcome pack for registered participants.

D9: Media release

The press release, with appropriate quotes from key experts and sponsoring MEPs will be sent by email to specialist health journalists in Brussels and MS level.

D10: Final report. This will be available electronically after the conference, and hard copies will be delivered to all MEPs, relevant EU Commission staff and MS Health Ministers together with the manifesto on CAM in Europe, highlighting the way that CAM contributes to healthy life years.

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Post conference follow-up and evaluation

Feedback forms will be disseminated on the day for people to complete and return immediately or return by email or post at a later date. The conference website will also use online survey tool such as Survey Monkey, which will allow for easy analysis and interpretation of the results. The link to the online survey will be sent in a follow-up thank you email to all registered participants. Questions will revolve around all of the specific objectives of the conference, such as changes in their awareness of CAM pre and post-conference, networking opportunities and quality of information provided in addition to their opinion on the organisation of the conference. Each question will be scored out of a maximum of 5 points. An average of 3 or above will be considered a success. On the feedback form, participants will also be able to opt-in to regular follow-up mailings about CAM such as meetings of the European Parliament CAM Interest Group and newsletters from the CAM stakeholder group members.

The number of participants attending the conference on the day will be a key indicator for success. An attendance rate of 80% and above will be considered satisfactory.

After the conference the following will be uploaded onto the conference website: meeting minutes; guest speaker presentations; photographs; final report. The final report will provide an in-depth view of CAM and its role in public health, detailed information on the topics and issues discussed during the conference and an analysis of the conference outcomes, including the feedback form conclusions, and EU policy recommendations. In addition to being made available electronically on the conference website, hard copies will be delivered to all MEPs with targeted information on the relevance of CAM to European health policy.

Participants who attended the conference will be sent a thank you email, with a reminder to visit the conference website to access presentations, minutes, final report.

Time plan

Months	Preparation phase	Post-conference phase
M1	Identify and confirm venue Send an electronic 'save the date' to target participants Launch open call for pre-conference events, poster and taster sessions	No action yet
M2	Confirm conference sponsors, Invite speakers and facilitators Upload onto conference website	No action yet
M3	Arrange catering for the venue Arrange for a technician to be present Arrange for a photographer Co-ordinate fact sheets for	No action yet

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	dissemination	
M4	Liaison with speakers Arrange for hostesses to be present at the conference Arrange travel and accommodation for those participants having expenses covered	No action yet
M5	Gather presentations from guest speakers Gather all materials for exhibition space Finalise agenda Send out reminder e-invitation with final agenda and registration link	No action yet
M6	Finalise registration list Print badges for registered participants Prepare welcome packs and signature lists Arrange hostesses Confirm catering arrangements with the conference venue Create evaluation form Final briefing for chair and speakers	Open online feedback survey Disseminate feedback forms Collect evaluation forms Analyse evaluation result
M7	Actions finished	Draft final report and send to the European Commission
M8	Actions finished	Receive approval of final report from the European Commission
M9	Actions finished	Send final report to MEPs, relevant EU Commission staff and MS Health Ministers with targeted information about CAM. Brief report on the websites of CAM networks and in their newsletters.