

EuroHealthNet

Evaluation Report January 2016

"If they were not there, there would be no impact for sure." (CIRI partner)

"To be a member of EuroHealthNet means not standing alone." (HPE Member)

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1. Introduction

This report has been prepared for consideration by the Executive Board of EuroHealthNet at its meeting in November 2015. It provides an analysis and synthesis of data collected through a series of components that form the first phase of the independent evaluation and impact assessment of EuroHealthNet's programmes, activities and the organisation as whole.

Following an outline of the components of the evaluation, emergent issues are summarised and areas identified for consideration by the Executive Board. Proposals for components for the next phase of the evaluation are also included.

Questions underpinning the evaluation

The Terms of Reference for the evaluation identified several broad questions to be addressed:

- Have EuroHealthNet initiatives and projects so far resulted in it being better positioned and equipped to champion health and address social determinants of health in Europe?
- Have partnerships to promote health been strengthened and how have these partnerships contributed to advance the European health and social determinants of health agenda?
- Has there been an increase in the participation of member state health agencies and institutes in the European Semester process and SIP?
- Have stakeholders been actively and meaningfully involved in programmes and initiatives undertaken by EuroHealthNet?
- To what extent has capacity building and training provided by EuroHealthNet resulted in improved operations at regional and national level for achieving health equity?
- What are the lessons learned and recommendations for guiding future EuroHealthNet policies, initiatives and strategy in the coming years?

2. Process

Following approval of the evaluation and impact assessment plan by the Executive Board in April 2015 the Managing Director was consulted on the format, content and timing of each component. Assistance from the Managing Assistant was invaluable in mailing questionnaires and inviting members and partners of EuroHealthNet to participate in the evaluation process.

For 2015 the evaluation included several components:

- Conversations with participants at General Council and Annual General Meeting - (Appendix A)
- HPE survey - (Appendix B)
- CIRI interviews - (Appendix C)
- Interviews with Key Respondents - (Appendix D)
- Partnerships

The Executive Board has already received a detailed report synthesising the *ad hoc* interviews with people who attended EuroHealthNet's General Meeting in Newcastle in June 2015. The report, 'Conversations on the Value of EuroHealthNet' was discussed by the Executive Board by teleconference in July 2015 and subsequently sent by the Managing Director to key EC officials for information. The final sections on the Overview, observations and Implications for the Evaluation and Impact Assessment are included in Appendix A.

The process of gathering data for each component is stated within the introductions of the appendices to this report. A separate appendix has not been included for the component on partnerships. The Managing Director identified two networks with which EuroHealthNet has sought to develop a partnership. Only one replied, so their comments have been integrated into the main body of this report within the section on partnerships.

Commissioners from DG SANTE and DG EMPL were invited to participate in the evaluation but declined. The Head of Unit for Programme Management and Diseases within DG SANTE considered that it would not be appropriate to take part in the evaluation exercise given his responsibility for the EU Health programme as EuroHealthNet has been involved in a number of its projects.

The Head of the Social Protection Unit within DG EMPL did not feel sufficiently familiar with the work of EuroHealthNet to respond to the questions proposed for the interview. Nonetheless, he considered that they were 'highly relevant' and suggested that they were more suitable for a direct discussion with the EuroHealthNet team. He indicated interest in arranging such a discussion after the completion of the evaluation.

Those invited to participate in each component of the evaluation were assured that no comments would be attributed to a named individual, organisation, network, region or member state.

The evaluator is grateful to all those who kindly gave their views and time in completing questionnaires and being interviewed. Several interviewees requested a copy of the evaluation report.

Although EuroHealthNet makes a distinction between 'members' of HPE and 'partners' of both PHASE and CIRI, for the purposes of this report the term 'members' will be adopted when referring to all those who have joined EuroHealthNet across the three pillars.

3. Analysis and Synthesis -Emergent Themes

The findings from each component are presented in separate appendices to this report which have been synthesised within several key emergent themes:

- Governance and membership
- Involvement in the network
- Forming partnerships
- Identity and visibility
- Keeping inequalities on the agenda
- Impact - making a difference
- Challenges
- Expectations of what might be achieved by 2017
- Identifying evidence of impact

3.1 Governance and membership

Following the introduction of the new network structure members were invited to comment on the creation of three pillars. In addition, this phase of the evaluation focused on the experience of new partners joining the network through CIRI.

Overall, respondents welcomed the new structure which has enabled a wider range of organisations to participate in the network without losing EuroHealthNet's distinctive focus on addressing health and social inequalities.

Points raised

- Not all respondents were aware of the distinction between the three pillars. Some were not sure of their own 'category of membership'.
- A PHASE partner stressed the importance of EuroHealthNet having a distinctive identity with different routes through which organisations can link with the network.
- CIRI partners have found the creation of a specific route for research organisations to join the network crucial to convincing their institutions of the merits of joining the network.
- The lower joining fee for PHASE and CIRI partners has also helped justify joining EuroHealthNet and is seen to be a good investment that will open up new opportunities for collaborations and accessing European funding.
- Most interviewees used the term 'member' irrespective of their relationship to the network and generally felt there was no restriction in accessing support or being involved in EuroHealthNet's activities.
- Becoming a CIRI partner is seen as a possible interim stage to becoming a full member.
- Small organisations faced the challenge of how much time they can contribute to the work of the network, which may only be attending one meeting a year.
- The TWIGS are seen as an innovative means by which members across the three pillars can engage with each other to share knowledge, practice and identify actions. They are seen as a positive mechanism for strengthening 'horizontal' links within the network and providing a potential 'vertical' link into the Executive Board.
- An Observer valued their association with the network and the opportunity to seek advice from the Managing Director. It was unclear whether they had access to the same information as full members.
- Recent developments in the governance of EuroHealthNet are seen to convey a strong systematic approach to organisation and engagement with other organisations.
- The EuroHealthNet Office appears to represent both a hub and facilitator for networking both internally within the network and externally with other organisations.

3.2 Involvement in the network

The components of the evaluation explored the ways in which members are encouraged to get involved in the network and what contribution they consider they could make to the work of EuroHealthNet. Members referred to attending meetings, participating in study visits and responding to calls to contribute to bids for EU funding. They also considered that sharing their knowledge, skills, perspectives and the examples from their practice are all valuable contributions they can make to the network. TWIGS were identified as a key vehicle for increasing participation of member organisations.

Points raised

- The TWIGS are seen as a creative and relevant way for members to actively contribute to the work of EuroHealthNet, but the degree of commitment from members is dependent upon the size of the organisation and the availability of staff.
- Members welcomed the relevance and range of TWIGS, enabling organisations to select those most relevant to their work.
- Larger institutions are able to circulate information to all their staff and assign individuals to specific TWIGS.
- The TWIG on sustainability was considered to be too broad by one respondent, but it was anticipated that members of the group would narrow down areas for discussion.
- By virtue of the way in which an issue needed to be addressed, some TWIGS were seen to be more relevant to organisations with a national remit than regional groups (e.g. Tobacco).

3.3 Forming partnerships

Interviewees interpreted the development of partnerships in a variety of ways; partnerships between members of EuroHealthNet, partnerships between EuroHealthNet and other networks and with national organisations that share a common interest.

In addition to including a question on developing partnerships in interviews, the evaluation sought to discover the views of two networks with which EuroHealthNet has sought to build a formal partnership. Only one network responded and gave brief comments. These have been blended into the summary of points raised under this theme.

Points raised

- The EuroHealthNet Office is regarded as a valuable source of knowledge of potential contacts to find partners in other member states with which to collaborate.
- EuroHealthNet's meetings and study visits are seen as opportunities to network and connect with people with whom partnerships could be developed both within and between member states.
- Members welcome the opportunity that bids and projects co-ordinated by EuroHealthNet provide to work in partnership with organisations from other countries.
- DRIVERS and GRADIENT were given as examples of projects co-ordinated by EuroHealthNet that have enabled members to subsequently forge new national collaborations.
- Working with EuroHealthNet provides an additional forum to raise awareness of an issue with a wider audience.
- Members of each network have the opportunity to attend each other's events.
- It was suggested that EuroHealthNet could develop a closer partnership with the UCL Institute of Health Equity.
- Developing partnerships with the National Institute for Health and Care Excellence (NICE) and the Belgian Health Care Knowledge Centre (KCE) was also suggested.
- Creating 'loosely coupled' links between networks is seen to offer mutual benefits where each network can benefit from knowledge sharing and support to further each other's goals.
- The TWIG on mental health was identified as evidence of EuroHealthNet's commitment to engage in a positive collaboration with a member linked to an alliance of organisations seeking to raise awareness of mental health issues in Europe.
- One of the strengths of the way in which EuroHealthNet works is its openness to explore collaborations which are seen to be of mutual benefit.

3.4 Identity and visibility

EuroHealthNet is seen both as a network which offers a means of contacting other organisations and also as a valued source of information and advice through the EuroHealthNet Office. Interviewees referred to their engagement with specific individuals as the 'face of EuroHealthNet', the Managing Director, the Director of Policy and Advocacy, staff in the EuroHealthNet Office and members of the Executive Board. Views were also expressed about the network as a whole and the image of EuroHealthNet as a 'brand'.

Points raised

- While inviting a broader membership it is important that EuroHealthNet does not dilute its profile and should maintain its primary goal of addressing health and social inequalities with a focus on promoting health equity.
- The relationship between the Executive Board and the EuroHealthNet Office is seen as 'consistent'.
- The importance of EuroHealthNet's presence at meetings, conferences and other events organised at the European level was stressed. By organising stalls at conferences, giving presentations or facilitating workshops greater attention is given to the issue of addressing health inequalities and boosts the morale of members attending such events.
- It is evident that EuroHealthNet is a highly respected organisation with a reputation for high standards, quality work and professionalism.
- It is important to maintain and enhance EuroHealthNet's visibility among public health institutes, ministries and politicians across the EU.
- EuroHealthNet is well known by many institutes of public health, but may not have the same profile and status with all departments of health in Europe.
- Identifying individuals who have access to senior officials in the ministries of member states should be a priority to establish relationships with key personnel.
- EuroHealthNet should consider investing more in promoting its 'brand' to increase awareness and recognition of the significance of its role and work.
- It was suggested that EuroHealthNet prepare a development strategy and appoint a 'development manager', or identify individuals with the relevant skills (possibly from the Executive Board), to complement the activities of the Director of Policy and Advocacy, who would visit ministries of member states to establish face-to-face contacts.
- Enhancing the profile of EuroHealthNet was seen to be key to its long-term survival and success.

3.5 Keeping inequalities on the agenda

Allied to maintaining its profile, EuroHealthNet is seen as playing a crucial role in keeping health inequalities on the agenda both at the European level and with member states. It was acknowledged that the bigger challenge is to elevate its position on the political agenda. Interviewees generally felt unable to comment on the network's success in achieving this goal, but emphasised the crucial importance of EuroHealthNet's presence and efforts.

When one interviewee was asked about the evidence of EuroHealthNet's impact at the European level, after a long pause there was an emphatic reply,

"If they were not there, there would be no impact for sure" (CIRI 1)

The comment highlights an important question for the evaluation which would be, 'What would be the status of consideration of health equity if EuroHealthNet did not exist?' It would not be feasible to assess this and no doubt represents a situation organisations committed to addressing health and social inequalities in Europe would not wish to contemplate.

Points raised

- Members see EuroHealthNet as their collective voice at the European table. The network is seen as a 'link to Europe' providing a channel through which members can promote issues of national concern at the European level.
- EuroHealthNet is seen as an important stakeholder at the European level, with a significant role in building the evidence base for public health interventions to level up the social gradient.
- One CIRI partner stated that the issues they work on require a pan-European approach which they were not in a position to promote. EuroHealthNet's access to key officers of the EC and attendance at meetings at the European level provides opportunities for issues to be raised.
- Ingenuity is required to re-present the issue in fresh ways. New ways of presenting the issues are required to stimulate interest, encourage participation and attract commitment from officials and politicians.
- The recommendations of the DRIVERS project are considered to be valuable, but EuroHealthNet's role in translating the general recommendations to be more country-specific would be welcome.
- EuroHealthNet could act as an important catalyst at a national level to facilitate discussions within member states to work towards more concrete outcomes on issues (e.g. social protection). Comparison was made with initiatives to develop national plans through 'Europlan' (The European Project for Rare Diseases National Plans Development).
- To increase its influence in Europe it was suggested that EuroHealthNet could work with Members of the European Parliament to establish an 'Interest Group' that focussed on addressing health inequalities and the promotion of health equity. Such a group could encourage discussion and debate and formulate propositions.

3.6 Impact - making a difference

An aspect of EuroHealthNet's 'impact' is the difference it makes to the organisations that are members of the network. Comments indicate that it enhances the expertise and experience of those who work for member organisations and improves the effectiveness of members to influence policy makers and effect change at the local, regional and national levels. Participants at the General Meeting in June 2015 identified a range of benefits that derive from their association with network. These are complemented by additional comments from other components of the evaluation.

HPE members were asked how involvement in EuroHealthNet has been of benefit to the work of their organisation; how it has assisted them in being more effective in addressing health and social inequalities; and whether it has made a difference to their ability to exert influence on decision makers. Similar questions were also raised in interviews. Their comments are summarised below and elaborated in the accompanying appendices. EuroHealthNet plays a significant enabling role for members in a number of ways:

Providing information and advice

- Providing knowledge of current developments, announcements and directives in Europe.
- Health Highlights is an authoritative source of information that is clear and concise and in a format that is easy to digest and forward to colleagues who value the information.
- Offering network opportunities to exchange knowledge and expertise.
- Recommendations of sources of expertise through contacts with experts.
- Information from EuroHealthNet about the WHO Report 'The Case for Investing in Public Health' was used as the basis for a discussion with a local ministry and as key learning resource for a training programme.
- The Managing Director and staff in the EuroHealthNet Office are experienced as approachable, helpful, friendly and efficient.

Facilitating international collaboration

- Bringing institutions together to facilitate joint initiatives.
- Attending and hosting study visits facilitates mutual learning.
- Making links with organisations beyond public health. Widening links with social, educational and labour sectors are seen as important.
- Enabling organisations to engage in an international exchange of knowledge that enhances its status as an expert body.

Co-ordinating bids for EU-funded projects

- The professionalism and skill in co-ordinating bids for funding is highly regarded.
- One HPE member stated,
“The support, advice and actual work by staff in developing bids is also priceless.” (HPE6)

Raising the profile of organisations

- CIRI partners highlighted EuroHealthNet’s role in enabling them to build their European profile through invitations to be involved in EU funded projects. The opportunities to be a partner or contribute a case study are seen as crucial steps to develop experience of working in a European context.
- Securing European funding through projects co-ordinated by EuroHealthNet has elevated the status of research groups within an institution and the profile of the institution.
- Being a partner in the successful Horizon 20:20 bid has brought national media attention for a CIRI partner.
- Contributing a case study to the DRIVERS project is seen to be the first step for a more ambitious role in projects in the future for another CIRI partner.

Enhancing effectiveness

- EuroHealthNet provides a lifeline to organisations that feel isolated in their own country.
- Provides opportunities for organisations to keep in touch for mutual support.
- Experience gained through participating in EU funded projects can enhance knowledge and skills.
- Creates opportunities to share and compare examples of interventions and explore their application in other settings.
- The opportunity to attend meetings, participate in projects and become a workpackage lead can offer valuable international experience for staff that can enhance their confidence and recognise they are part of a bigger enterprise.
- Knowledge and experience gained from EuroHealthNet is used to prepare reports for ministries.
- Presentations at the EuroHealthNet General Meeting was used to brief local NGOs attending EU meetings.
- Enables the exchange and dissemination of members work.

Support to influence national policy

- HPE members see their role as informing not influencing policy makers.
- Information and advice provided by EuroHealthNet contributes to the development and implementation of policies.
- Experience gained on study visits have been relevant to developing local health plans.
- EuroHealthNet’s recommendations can assist national decision makers in ministries in their relationship with the EU.

- EuroHealthNet's work on Health in all Policies and Health for all Policies has directly influenced policy in at least one region.
- The report on the DRIVERS project has been quoted in the reports by members to be sent to government.
- In addition, it is also considered important to influence 'implementers' not only policy makers.

3.7 Challenges

Interviewees were asked what they thought would be the most significant challenges facing EuroHealthNet in the coming year(s). Some of their comments echoed issues raised at the General Meeting.

Securing funding

- The need to expand and broaden the membership while maintaining EuroHealthNet's core identity. The new framework is seen to be a sound basis for building a strong membership base.
- Continue with the successful strategy of securing EU funded projects.

Implications of EU's economic policy

- The recent emphasis on economic policy within the EU is seen to have implication for keeping health and social inequalities on the EU's agenda and will require a fresh and innovative approach.
- The DRIVERS project was considered to be a relevant and important project for this issue.
- Regional programmes tended to focus on support to business, but attention needed to be given to the needs of the workforce and those excluded from the labour market.

Involving senior policy makers

- Organisations tend to send junior staff members to meetings to gain experience, but there is a need to encourage senior policy makers to attend meetings co-ordinated by EuroHealthNet. This may require reframing meetings.

3.8 Expectations by 2017

HPE members were asked what they hoped their association with EuroHealthNet would help them achieve by the end of 2017. This covers the period of the EaSi grant and the evaluation. Their expectations appeared modest, generally quite broad but within EuroHealthNet's capacity to support:

- Enhanced collaboration to fulfil EuroHealthNet's mission and the goals of the HPE member's national aim to improve health and wellbeing.
- Continued update on developments of European public health.
- Promotion of country-specific issues related to health inequalities at the EU level.
- Active involvement in the TWIGS to enhance international collaboration.
- Support to engage in more successful EU projects to further work on health inequalities.
- Develop and expand the HPE member's partnership.
- Organisation of webinars on issues and training in areas where EuroHealthNet has expertise.
- Financial and technical support for the European Public Health Conference in Stockholm 2017.

Key respondents were asked what EuroHealthNet might achieve by 2017.

- Continue to champion issues on social inequalities and action against poverty (especially child poverty) and lobby politicians to keep the issue on the agenda.
- Continue to strengthen links with sectors beyond health to include education and the labour market.
- Take the lead in Europe on smoking prevention and help provide concrete evidence of how smoking impacts on health inequalities.
- Continue its work on environmental issues.
- For EuroHealthNet “to survive, thrive and prosper” within the current political climate was considered a not unreasonable achievement

3.9 Identifying evidence of impact

Interviewees were asked for their views on what would be reasonable evidence to demonstrate EuroHealthNet’s impact. This was recognised to be a challenging issue.

Views expressed

- Structural measures may not be as important as focussing on small people-oriented measures
- Output measures had limitations
- Identifying where the EC or EU politicians have accepted EuroHealthNet’s recommendations
- Track references to EuroHealthNet and its reports in publications of members of the network, national ministries, the EU and other stakeholders.
- Where EuroHealthNet has advocated for a specific action on a topic, (e.g. healthy eating or smoking prevention) it may be easier to track its influence and impact through the activities of organisations and ministries at regional and national level.
- Recording the development of the TWIGS - their membership, number of meetings, topics discussed and actions taken.

In response to the question, one CIRI partner gave a list of evidence of the impact of their association with EuroHealthNet since they joined:

- The number of contacts, organisations and countries with which the CIRI partner now works
- The amount of funding from Europe it has attracted as a result of being a partner in projects co-ordinated by EuroHealthNet
- The subsequent success of the ability of the CIRI partner to secure additional European funding

All respondents agreed that tracking the impact of an initiative by EuroHealthNet on populations and local communities would not be feasible.

3.10 Additional ideas

Exchange programme

One interviewee suggested that EuroHealthNet could consider developing an exchange programme for public health officials across Europe to support young professionals to gain experience of working in different countries. Their experience could provide new perspectives that could inform and enrich their work in their home country. If EuroHealthNet acted as an agent for such a programme participants should be encouraged to submit a report reflecting on their experiences.

4. Areas for Consideration

The views of respondents expressed in the survey and through interviews suggest that there may be areas that the Executive Board may wish to consider further:

4.1 Governance and membership

It was only when an interviewee who had recently joined the network remarked on the 'continuity' between the Executive Board and the EuroHealthNet Office that the absence of any critical comment from respondents became significant. Sometimes the effort and energy invested in seeking improvements risk overlooking what has been achieved. It is to EuroHealthNet's credit that members regard the organisation and its work as highly professional, effective and its staff as approachable. Nonetheless, it is recognised that there is no room for complacency, for maintaining the quality of its endeavour requires constant attention.

The introduction of the new framework with its three pillars appears well received. Three CIRI members and one PHASE partner were interviewed for the evaluation and their enthusiasm about the opportunities the new framework offers to engage with EuroHealthNet was clear.

Each organisation not only saw benefits for their organisation by joining EuroHealthNet and the potential for enhancing their work, but also wanted to actively contribute to the network. Each stated that they had been actively welcomed into the network and that their views and perspective as organisations outside the public health field were valued. Two already had a link with EuroHealthNet before joining, another had actively searched for a network to build a European profile. Joining EuroHealthNet was seen as opening up opportunities, but surprise was expressed at the speed with which these were realised through invitations to join bids for EU funded projects and achieve success.

The separate 'categories' of membership and relatively low cost of joining EuroHealthNet through CIRI and PHASE are appreciated and clearly enable individuals to convince their senior management of the merits of joining the network. Some interviewees were very clear on their position as a PHASE or CIRI partner and saw the distinction helpful, others were not sure through which route their organisation had joined. Whatever their 'category of membership' all conveyed a sense of being fully included in the network and the different pillars did not represent a barrier to engaging in activities of EuroHealthNet or collaborating with other organisations in the network.

Respondents generally used the term 'member' to describe their relationship with EuroHealthNet. While the distinctions between HPE, CIRI and PHASE are regarded as constructive the distinction between the terms 'member' and 'partner' may not be helpful.

The TWIGS are seen as a creative way of bringing together members to focus on specific issues to share expertise and consider actions. They also are seen to be a potential mechanism for building 'horizontal' strength within the network. Some considered that they have been slow to start following the General Meeting, but value the opportunity they offer to focus on specific issues. Their introduction also has the potential to widen participation in the network where large organisations encourage their staff to join TWIGS.

Observations at the General Meeting indicated that member organisations tend to use the event as a networking opportunity for their staff to meet colleagues from countries. While this is useful for members it may not fulfil all of EuroHealthNet's objectives for the event. Therefore there may be value in encouraging member organisations to brief staff as 'delegates' to represent the views of their organisation. This could enrich discussions of EuroHealthNet's annual report and future plans.

Points for consideration

- The new framework is regarded positively, with a recognition that HPE represents the core. The 3 Pillars provide a clear distinction of different 'categories of membership' which organisations who have joined EuroHealthNet consider helpful and appropriate. However, few use the term 'partner' to refer to organisations associated with CIRI and PHASE. Most respondents referred to themselves as 'members' of EuroHealthNet. Would it be appropriate to review the term 'partner' and use an alternative term, such as 'Associate Member' to make the distinction clear?
- Member organisations could be contacted before a General Meeting to encourage them to brief staff as delegates to optimise their participation in discussions on EuroHealthNet's policies and plans.
- Grow the TWIGS before considering additional initiatives to strengthen links between members.
- Actively promote the network to expand and broaden the membership base. This could strengthen the status of EuroHealthNet as a more widely representative network while also attracting more funds.

4.2 Identity, visibility and brand

Respondents clearly see EuroHealthNet as a highly respected organisation with a clear focus that has a reputation for quality and success. It is these characteristics that have attracted organisations to join EuroHealthNet and to choose to prioritise invitations from the network over other organisations to participate in bids and projects co-ordinated by EuroHealthNet .

EuroHealthNet's presence at European events not only ensures that inequalities in health and health equity are given attention, it acts as a rallying point that strengthens the morale of individuals and organisations that may feel a lone voice in their member states. Members also value the opportunity to engage with the Managing Director and staff from the EuroHealthNet Office at such events.

While EuroHealthNet is well regarded by many institutions across Europe, some respondents considered it could have a higher profile with ministries. It was suggested that more activity should be invested in making contact with those who could introduce representatives of EuroHealthNet to senior officials to promote its role and work.

Points for consideration

- EuroHealthNet should consider how to elevate its profile with ministries across Europe by taking a more proactive approach to promote its 'brand'. This will require a strategy that focuses on senior officials within these ministries, particularly departments of health.
- If one does not already exist, there could be merits in preparing a development strategy and identify those within the network who could take on the role of visiting ministries to promote the role, aims and goals of EuroHealthNet.
- One interviewee mentioned that a professional communications organisation had been included as a partner in an EU funded project co-ordinated by EuroHealthNet. This was to ensure effective dissemination of the findings from the project. Would there be merit in consulting a professional organisation on how EuroHealthNet could promote its 'brand more effectively'?

4.3 Championing health equity and keeping inequalities on the agenda

EuroHealthNet is seen to be respected by DGs within the EC with access to key officers. Its efforts to keep health and social inequalities on the agenda of the EU and member states is highly valued. Members see EuroHealthNet as providing a collective voice at meetings to which they would not otherwise have access.

The task of ensuring attention is given to addressing issues of health equity at the European level and raising its position is recognised to be challenging. The new emphasis on economic policy within the EU is considered to add to the challenging context. Respondents wish to encourage EuroHealthNet's to maintain its tenacity.

Points for consideration

- The need for ingenuity to re-present issues in new and 'fresh' ways is seen to be a continual challenge, but essential to gain attention, stimulate interest, encourage participation and attract commitment from decision-makers. How this can be achieved was not clear, but EuroHealthNet is seen to be in strong position to lead.
- The report on the DRIVERS project was given as an example of a valuable document that provided general recommendations that required translation to be more country specific. EuroHealthNet is seen as a respected organisation that could facilitate meetings within member states to develop plans with generate concrete outcomes not only for the DRIVERS projects but also reports from other institutions that make broad recommendations.
- It was suggested that EuroHealthNet could work with Members of the European Parliament to establishing an 'Interest Group' to bring attention to health equity. Such a group could generate propositions to encourage debate on health and social inequalities. The appropriateness and feasibility of such an initiative may be worth consideration.

4.4 Partnership working

EuroHealthNet has sought to develop closer relationships with other networks to foster shared learning and explore opportunities to broaden the reach of the networks to mutual benefit. During this phase of the evaluation two partnerships were identified, but it was disappointing that only one replied and that their comments were brief. This may be indicative of the capacity of the other networks rather than their regard for EuroHealthNet.

One interviewee was eager to establish a formal relationship between EuroHealthNet and an alliance on mental health. The TWIG on mental health is seen as a creative and meaningful way of sharing knowledge and contacts to strengthen collaboration on exploring the links between mental health and public health.

Another interviewee was eager to see EuroHealthNet take a more leading role in co-ordinating a network of organisations concerned to reduce smoking. This implied that the existing European network could be more effective and that EuroHealthNet had a reputation of being well organised with the skills to lead another network. However, the resources available to EuroHealthNet may not stretch to take on such a role.

Points for consideration

- Working in partnership with other networks may have significant resource implications to sustain and develop the relationship. It would appear important that a partnership should not only reflect a commitment to common values and mutual respect of each other's goals, but that there should be some equity of effort and investment of time and resources. Such factors may be important criteria when considering establishing a partnership.
- The concept of a 'loosely coupled system' from the field of organisational analysis may be useful when considering developing partnerships. The term represents a collaboration where both parties retain their identities and separateness while benefitting from a degree of inter-dependency.
- If there is an unequal relationship between EuroHealthNet and a prospective partner there may be a risk that EuroHealthNet is expected to invest a disproportionate effort in sustaining the relationship which risks deflecting it from other priorities. There may be value in agreeing specific shared activities within the relationship each year, with an explicit understanding of what can be reasonably expected from both parties.

- The creation of a TWIG around a shared concern may be a useful way of exploring mutual interest with a potential partner which could involve members of both networks.

4.5 Capacity Building

Conversations with participants at the General Meeting in June 2015 and the views expressed by respondents to the HPE questionnaire and through interviews demonstrate that EuroHealthNet has a significant impact on staff development within member organisations.

Respondents commented on how much they valued the learning and network opportunities offered through attending the General Meeting; taking part in study visits; involvement in bids for EU funding; being a partner in projects co-ordinated by EuroHealthNet and the potential represented by participating in the TWIGS. For many individuals such activities are an empowering experience.

Association with EuroHealthNet also enhances the capacity of organisations and raises their profile within their nation and at the European level. It is no exaggeration to say that EuroHealthNet plays a critical role in enabling many organisations to build their European profile which can enhance recognition of their expertise and contribution to addressing health inequalities in an international context.

Points for consideration

- Respondents made no reference to formal training offered by EuroHealthNet, but the development of knowledge and skills through participating in activities and projects organised and co-ordinated by the network clearly have significant impact. Should EuroHealthNet's role in this area be made more explicit to secure recognition of its impact?
- It was suggested by one interviewee that EuroHealthNet could play a role in creating and co-ordinating an exchange programme for young professionals in public health organisations to facilitate the development of deeper understanding of how different countries address issues of health and social inequalities.

4.6 Engaging stakeholders

A mapping exercise of EuroHealthNet's stakeholders has not been undertaken for this evaluation, but it is evident that the network's reach is wide involving a range of organisations and contact with individuals at various levels within members states and in the EU. Inevitably, an organisation will have stronger links in some areas than others.

Points for consideration

- It may be a useful exercise for EuroHealthNet to develop a strategy that identifies and priorities the individuals, organisations and structures it wishes to influence in pursuit of its core aims. Who and where attention should be focussed may vary in relation to different initiatives and from year to year.
- Targeting senior officials in ministries to promote EuroHealthNet's 'brand' has already been mentioned.
- There may be value in contacting the most senior person in each member organisation once a year to simply have a conversation about the organisation's relationship with EuroHealthNet. This could be used to reinforce their status as a member of a network and explore shared concerns which may also contribute to the effectiveness of participation in General Meetings.

5. Progressing the evaluation – proposals for the next phase (2016)

The first phase of the evaluation has generated information covering a range of areas primarily from members of EuroHealthNet. It is proposed to continue the process of gathering comments from those closely involved with the network, but also to extend the evaluation to discover the views of others within an outer circle of EuroHealthNet's 'sphere of influence' to discover the extent of the organisation's influence and impact.

New components are proposed for the second phase of the evaluation during 2016, but consistent with the action research model adopted for this project, the Executive Board and Managing Director may wish to explore additional or different elements. However, whatever is considered needs to be achievable within the resources available for the evaluation project.

5.1 Follow up of new members

The programme for this element of the evaluation agreed with the Managing Director includes a periodic survey of a cluster of new members twelve months after they have joined the network. Three new CIRI partners were interviewed for this phase. A group of new HPE and PHASE members will be contacted for the next phase.

5.2 Consulting the readers of Health Highlights

It is proposed to design a short, concise questionnaire to be sent to the readers of EuroHealthNet's newsletter, Health Highlights to discover how people use the information they access and the degree to which they cite EuroHealthNet as the source of the information they use. The exercise will not seek to evaluate the newsletter *per se*, but to explore the extent of EuroHealthNet's reach and impact through this valued communication.

The Managing Director and coordinator of Health Highlights will be consulted on the timing, method, format and specific questions of the survey. The intention will be to create a questionnaire that can be completed quickly, but with a request for permission to follow up if responses suggest this would be productive. The purpose would be to secure more detailed evidence of internal documents (e.g. business plans) and publications of the organisations where EuroHealthNet is mentioned or quoted.

5.3 Tracking references to EuroHealthNet

The EuroHealthNet Office may already have a mechanism for tracking references to the network in publications and websites. If not, this would seem to be a useful tool for gathering information as an indicator of its impact. Such extensive and detailed data gathering is beyond the scope of the evaluator, but information from the proposed Health Highlights component would complement such an exercise.

5.4 Study visits

It is proposed to follow up participants of recent study visits to complement any internal evaluation undertaken by the hosts or EuroHealthNet to discover what was learned from their experience and how it is being applied.

It is understood that a study visit on 'Health and Social Equity - knowledge, capability and commitment' took place in Gothenberg in October 2015 and another on 'Health Promotion Offices' (?) is planned for Hungary in November 2015. Previous study visits that took place in Florence and Helsinki in 2014 could also be followed up.

5.5 Key respondents

It is proposed to contact a group of 'key respondents' again in September/October 2016. Those to be included will be decided in consultation with the Managing Director, but it is expected that there will be an overlap with those interviewed in 2015.

5.6 HPE Survey

The survey of HPE members in 2015 covered approximately half the membership. It is proposed to repeat the survey in 2016 and send questionnaires to those who have yet had the opportunity to contribute to the evaluation, excluding those who have been interviewed as members of the 'key respondents' group.

5.7 Case Studies

Information derived from conversations at the General Meeting (in June 2015) and subsequent interviews (in October 2015) with some of the same people suggest that there could be value in including case studies in the final evaluation that follow through the experience of new members of EuroHealthNet to provide a narrative of the impact of their association with the network.

Two CIRI partners and one PHASE partner would appear to be valuable candidates as the evaluator holds data from conversations at the General Meeting and recent interviews. Others might also be considered in due course. As they would need to be named in any future report the way in which the 'case study' was written up would need to be checked and agreed with the organisations concerned.

5.8 Impact on Member Organisations

During the current phase of the evaluation members were asked what evidence would demonstrate EuroHealthNet's impact. One interviewee referred to evidence of the impact on the work of their organisation which included contacts with new organisations and countries in Europe with which they now had a connection and the additional funding they received as a result of being a partner of a project coordinated by EuroHealthNet.

It is therefore proposed to contact a select group of organisations who are members/partners of EuroHealthNet to discover the evidence they use to justify their membership of EuroHealthNet to their senior management. This could provide useful evidence of EuroHealthNet's impact. In addition, organisations may be asked about the evidence on which they judge themselves to have been successful and ask whether their association with EuroHealthNet has contributed to this and how.

This is a component that requires further consideration.

5.9 Other stakeholders

The components of the evaluation so far have focused on members/partners of EuroHealthNet. As mentioned in the introduction to this section it is considered appropriate to seek the views of people beyond members and partners to discover their views on the role, work and impact of EuroHealthNet. Who, when and the most appropriate means of gathering information from these stakeholders will require further consideration. The views of the Executive Board and the Managing Director would be welcome.

5.10 Next Steps

Following discussions at the Executive Board the components to be included in the second phase of the evaluation for 2016 will be finalised with a timetable for data collection.

It is proposed that following the collection and analysis of data another report will be presented to the Executive Board in November 2016. In the meantime the Managing Director will be kept informed and consulted on all elements of the implementation of the evaluation project. Progress with the evaluation could also be discussed at the meeting of the Executive Board in April 2016.

End piece

A statement from an HPE member in response to a request for comments about their experience of being a member of EuroHealthNet:

“A network is a treasure trove of creative and committed people, inspiration, expertise and opportunities. For me personally the past five years have been great in terms of learning, sharing and being able to contribute to more equitable health. It has helped me a lot in my own work and I know it has made a real contribution to the institute I serve.” (HPE6)

6. Conclusion

It is evident that EuroHealthNet’s new governance framework has been well received by members and partners. The network is well regarded as an organisation that champions the development of policies and programmes to address health inequalities in Europe. EuroHealthNet’s success in developing partnerships to advance health and the social determinants of health agenda requires further exploration. Members and partners value highly their association with EuroHealthNet and the opportunities this offers to share knowledge and practice between organisations in different member states.

Participation in a range of activities co-ordinated by EuroHealthNet has a significant impact on capacity building in organisations, with the impact of elevating their profile and status within their member states. There would be value in investing time and effort to promote EuroHealthNet’s brand and build stronger links with ministries across EU member states. There could be value in discovering the views of a wider group of stakeholders (in addition to members/partners) on the work and impact of EuroHealthNet

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Appendix A

Conversations with participants at General Council and Annual General Meeting (June 2015)

Extract from report submitted to Executive Board in July 2015 (using original numbering)

5. Overview

- 5.1 Conversations with participants during the General Council and Annual Meeting is an element in evaluating the impact of EuroHealthNet's work and activities. Involvement in EuroHealthNet was valued for a variety of reasons by participants, including networking, creating collaborations, securing resources from the EU, sharing knowledge and good practice, learning about the EU's structures and systems, gaining support for advocacy, enhancing personal empowerment and capacity building within organisations.
- 5.2 For many of the individuals interviewed by the evaluator during the Annual Meeting it was their first experience of a EuroHealthNet event even if their organisation had been a long-standing member. Their presence was indicative of the way member organisations use the event to enable staff to engage in international networking. It was evident that participants valued the opportunity to share experiences and gain new knowledge from the presentations and participation in the breakout sessions.
- 5.3 The presence of representatives from an association of mental health and addiction care (a new PHASE partner) and a research group focussing on social-psychological research (a new CIRI partner) is indicative of EuroHealthNet's success in attracting organisations from outside public health. The fact that the latter discovered EuroHealthNet by searching on the internet demonstrates the success of its website in indicating that both large and small organisations from a range of sectors are welcome to apply to join.
- 5.4 Participants valued the open, welcoming, informal and friendly atmosphere of the Annual Meeting. This also characterises their views of the overall relationship with EuroHealthNet which they find to be very supportive and inclusive. A consistent theme of conversations with participants was that there was strong emphasis on the practical application of knowledge gained, whether this was through the discovery of new ideas, sharing good practice or forming new collaborations.
- 5.5 Participants see EuroHealthNet as a hub for sharing and disseminating knowledge and good practice in addressing health and social inequalities from a social determinants perspective. Health Highlights is viewed as a valuable resource for this purpose and the study visits provide an opportunity to build relationships and acquire new ideas with practical application.
- 5.6 It was striking how involvement in EuroHealthNet is an empowering experience for many, building the confidence and competence of individuals to engage in European collaborations. It also attracts greater respect within their organisations and networks at home. Involvement breaks the isolation that some feel by providing a 'home' where they can meet others who share a commitment to health promotion and addressing health inequalities. Involvement in EuroHealthNet also strengthens the capacity of many organisations to work at an international level.

- 5.7** At a time when resources for research can be limited at a national level, many see EuroHealthNet as a vehicle to enable them to be involved in collaborations to apply for funding from the EU. The knowledge, expertise and experience of EuroHealthNet in identifying potential sources of funding and co-ordinating bids for projects is highly regarded.
- 5.8** The creation of the TWIGS has inspired many participants to see an opportunity to work with colleagues from other nations to discuss topics with a focus on practical action. Informing colleagues in their institutions and groups of the work of the TWIGS and encouraging their active participation provided a tangible, practical action that participants could take that would not only enable their colleagues to use their expertise in an international forum, but also widen participation in the work of EuroHealthNet.
- 5.9** Many participants see EuroHealthNet as an organisation that is highly respected by the EC with the ability to access key contacts in different DGs. Its ability to sieve through the stream of information from the EU to distil information that is most relevant to members is valued. It is seen as a skilled project co-ordinator with the expertise, experience and agility to navigate through the labyrinth of the European Commissions structures, systems and regulations. This body of knowledge and skills surpasses what individual organisations consider they can achieve on their own.
- 5.10** Association with EuroHealthNet gives support and status to organisations that can enhance their profile in their own country to promote action on issues, but also gives them a platform and voice on the European stage.

6. Observations and Implications for the Evaluation and Impact Assessment

Identity and role

- 6.1** An issue that emerged from conversations with participants was how 'EuroHealthNet' is perceived by individuals within and outside the 'partnership of organisations'. Organisations join as either members or partners, but the relationship with EuroHealthNet is through individuals. The identity and role of EuroHealthNet may be perceived in different ways by individuals and fulfil different needs. Although this was not explicitly discussed with participants, the way in which they talked about EuroHealthNet suggested that it was seen as both an 'organisation' and a 'network'; as resource providing a service to members and a 'meeting place' to connect with people sharing the same values and commitment to effecting change.
- 6.2** Therefore, during the evaluation process there may be value in exploring how those involved in EuroHealthNet perceive it: whether they see it as single entity or multi-faceted; as a network, organisation, resource, service, or in some other way.

Governance

- 6.3** The role of those who attended the General Council and Annual Meeting appeared to be more in the role of 'participants' rather than 'delegates' from member and partner organisations of EuroHealthNet. Following the presentation of reports by the Managing Director and Policy Director, the invitation to discuss past and future work appeared to only draw comments from members of the Executive Board. There was little evidence that participants had been briefed by their organisations before the event in preparation for discussions on the business of EuroHealthNet.

- 6.4** Voting took the form of members raising cards with the names of their organisations. Approval of all the reports, business plan and budget was unanimous. The limited discussion appeared frustrating to some. Despite the circulation of comprehensive documents prior to the event, it seemed that many of those attending the event were not familiar with the breadth or detail of the work of EuroHealthNet and felt that they were not in a position to comment. This may reflect the fact that for many of the participants this was their first Annual Meeting.
- 6.5** During the evaluation it may be interesting to explore how member and partner organisations see their role in the governance of EuroHealthNet and how they wish to contribute to shaping its direction. This could have implications for how members and partners consult and involve those involved in their own organisation in discussions about the wider role and work of EuroHealthNet.
- 6.6** Modification to the process of the Annual Meeting could enhance participation. This could include:
- Sending a list of specific questions to which EuroHealthNet would like members to respond, or offering a broad question, e.g. ‘What issues arise for you from reading the annual report?’
 - Allocating time for participants to discuss aspects of the presentations and reports in small groups. This could help participants to frame their questions or comments, especially those who feel less confident in contributing in a large group, especially if they are not comfortable speaking in English.
 - Arranging the room in cabaret-style to facilitate small group discussion

An alternative arrangement that might enhance contributions could be to move the report stage and voting element to the last day to give people more time to learn more about the network and discuss issues with other participants.

Awareness of EuroHealthNet within organisations

- 6.7** In the evaluation exercise at the end of the Annual Meeting one participant stated that there were 40 to 60 researchers in their organisation and declared their intention to inform all of them about EuroHealthNet and how they could contribute and benefit from the organisation’s membership. This represents a significant dimension of EuroHealthNet’s potential influence and impact, so it may be interesting to discover the awareness of its work among staff within a few organisations.
- 6.8** The degree of involvement of individuals from individual organisations in the range of TWIGs could also be an indicator of EuroHealthNet’s ability to involve a number of people within organisations to share their expertise with colleagues in an international forum.

Empowerment of individuals and organisations

- 6.9** Reference has already been made to the way participation in EuroHealthNet’s events and initiatives has an empowering effect on individuals and organisations. This aspect of EuroHealthNet’s impact could be included as a feature of the evaluation.

Agents of Change

- 6.10** During conversations several participants made explicit reference to the key role of the Managing Director in alerting individuals to opportunities, facilitating connections between organisations and actively supporting organisations in their work in their home country. Her role appears pivotal. At the end of one of the on-site visits in Newcastle she took the opportunity to invite the organisers of the Wellbeing Apprenticeships to write up their work as a case study for dissemination through EuroHealthNet. The supportive role of other officers of EuroHealthNet was also mentioned.

6.11 As part of the evaluation there may be value in identifying the process by which individuals and organisations become involved in projects and initiatives co-ordinated by EuroHealthNet. The catalytic role of officers and members of the Executive Board is clearly significant in the process of involving members and partners in collaborations and actions that have the potential to make an impact on health and social inequalities.

Taking Action

6.12 There may be value in following up participants who attended the Annual Meeting in a few months to discover the outcome of the actions they intended to take.

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APPENDIX B

Survey of Health Promotion Europe Members

INTRODUCTION

The proposed plan for the Evaluation approved by the Executive Board meeting in April 2015 included a survey of members of the Health Promotion Europe platform. The Managing Director was consulted on the questions to be included and it was agreed to send a questionnaire to 50% of these members. A random sample of thirteen HPE members was chosen by the Management Assistant who sent out the questionnaire after the summer break in mid-September 2015.

Some of the HPE members may have participated in the evaluation exercise that took place at the General Meeting in March, so reference was made in the covering note that responses would be synthesised with comments given then. Only one question in the survey was similar to the one asked during the *ad hoc* interviews during the General Meeting, which enquired about the value or benefit of being associated with EuroHealthNet.

The evaluator sent a reminder at the beginning of October. One person declined to respond who considered that the organisation was not in a position to contribute to an evaluation as they had not been able to participate in meetings or other activities of EuroHealthNet. Seven completed questionnaires were received.

All the questions invited a free text response. The responses have been collated without identification of the individual, organisation, region or country of the HPE Member. Emergent themes associated with each question are presented under the questions posed in the survey.

The relevance of the questions posed was indicated by the comment from one respondent who asked for more time to respond to the survey, *"Because your questions are good."*

RESPONSES

1. How has involvement in EuroHealthNet been of benefit to the work of your Organisation?

1.1 Providing knowledge of what is happening in Europe

HPE members value EuroHealthNet's knowledge and expertise of current developments, announcements and directives relevant to public health within the European Commission and other pan-European activities. EuroHealthNet's newsletter, Health Highlights and press releases are regarded as important sources of information on the latest developments and initiatives.

Involvement in the network has enabled HPE members to adopt and adapt what is learnt at the Europe level to public health work at the national, regional and local level.

1.2 Offering networking opportunities for the exchange of knowledge and expertise

Involvement with EuroHealthNet provides members with contacts throughout Europe with whom they can exchange knowledge and practice. These represent an important resource to enhance local projects. One respondent stated that they had used the network to identify people to invite as international speakers for their national health promotion conferences.

EuroHealthNet plays an important role in bringing institutions together and facilitating joint initiatives. HPE members referred to the opportunities created to liaise with academic partners through CIRI. New knowledge from EuroHealthNet and other members is disseminated through the HPE member's institution and externally through its own website.

The General Meetings provide opportunities for networking and mutual learning. Attending and hosting study visits provide opportunities for staff of organisations which are members of EuroHealthNet to learn from each other and to share innovative national initiatives. Events and workshops hosted by EuroHealthNet also provide the opportunity for HPE members to showcase their work on the international stage (e.g. WHO consultative meeting and the European Public Health Conference).

1.3 Enabling participation in projects that help to raise the profile of national organisations

Association with the network and the opportunity to participate in EU-funded projects co-ordinated by EuroHealthNet has helped to raise the profile of HPE member organisations within European and international public health and the health promotion community.

HPE members value the invitations to participate in collaborations with other EuroHealthNet partners. One HPE member highlighted the importance of the influential role of the EuroHealthNet office in enabling their organisation to be invited by their member state to be involved in a joint action.

1.4 Providing a voice in Europe for national and regional organisations

The network is seen as 'a link to Europe', providing a framework for addressing public health and health related issues in an EU context. EuroHealthNet provides a channel through which HPE members can promote issues of national concern at a European level.

1.5 Informing policy development

By making policy statements to improve health and tackle health inequalities EuroHealthNet contributes to policy development.

1.6 Providing advice

EuroHealthNet is judged to have excellent links with universities, research organisations and other networks across Europe. Consequently, it is regarded as a valuable and reliable source of information and advice when organisations are seeking expertise in particular areas of public health.

2. Does your Association with EuroHealthNet enable you to be more effective in addressing health and social inequalities?

2.1 Constraints of a challenging political context

One HPE member commented that this was a difficult question to answer because,

"Health inequalities have not been very high on the political agenda of our government for the past few years and this has restricted our capacity and possibilities to work on it."

(HPE6)

This comment not only highlights the challenging context within which organisations are working within their member states, but is also indicative of the wider context of EuroHealthNet's work. Clearly it is difficult for HPE members to transfer ideas and innovative practice to their settings if the political environment is not supportive. Nonetheless, in such situations EuroHealthNet appears to offer a lifeline to organisations that may feel isolated in their own country, providing opportunities to keep in touch with other organisations and international experts across Europe.

2.2 Participation in consortia

Participating in EU funded projects co-ordinated by EuroHealthNet enhances the status of some HPE members thereby giving them greater access to their Ministries to raise issues associated with the projects with which they are associated (e.g. Closing the Gap, Determine, Crossing Bridges and Equity Action).

2.3 Capacity building

Experience gained through participating in EU-funded projects has enabled HPE members to increase their knowledge and develop their skills (e.g. health impact assessments). The study visits organised by EuroHealthNet offer opportunities to share and compare practical examples of how specific outcomes can be achieved in other countries.

2.4 Influencing national policy and practice

HPE Members value the information provided by EuroHealthNet about programmes and interventions in other European countries. In addition, they draw upon EuroHealthNet's various initiatives and reports to disseminate and promote country-specific issues related to health and social inequalities. The 'Calls and Opportunities Alerts' sent out by the EuroHealthNet Office enable HPE members to identify and translate the relevance of projects and activities at the EU level to a national and local setting.

One HPE member referred to the success in implementing a new prevention law associated with health equity in their member state. The strong link between the national network and EuroHealthNet is associated with the development of the recommendations, strategies and partnerships that have influenced the implementation of this law.

In contrast, another HPE member stated that their regional network organisation was not directly involved in addressing health and social inequalities.

One respondent highlighted the greater influence at the European level that derives from working together through EuroHealthNet.

3. Has your involvement in EuroHealthNet enabled you to collaborate with new organisations within and/or between Member States?

All HPE members who responded to the survey indicated that their association with EuroHealthNet had helped to develop partnerships with new organisations. Some were looking for partners with whom to collaborate on new EU funded projects. Others referred to their relationship with organisations with which they had worked on projects co-ordinated by EuroHealthNet (e.g. DRIVERS and Gradient). Such collaborations have strengthened the ability of one member to promote specific programmes on food insecurity and healthy diets. EuroHealthNet's support to facilitate the presentation of their findings at various forums has led to the creation of new national collaborations.

The workshops associated with EuroHealthNet's General Meetings were identified as useful opportunities to meet people who shared similar interests from different countries (e.g. mental health).

Study visits were again mentioned as a vehicle for facilitating new contacts and in-depth exchanges. One HPE member stated that it sends different members of staff to attend the events to learn and benefit from the network.

Membership of EuroHealthNet is considered to have strengthened collaboration between the Nordic countries.

Opportunities to work in partnership with organisations 'beyond the health promotion scene' was highlighted as 'very important' by one respondent with reference to the social, educational and labour sectors.

Some HPE members also share membership with other networks (e.g. EUPHA and IANPHI) and also meet each other at events they organise.

The strong national mandate of one HPE member precludes the development of stable partnerships with organisations of other Member States.

4. Has EuroHealthNet been useful to you in accessing or disseminating new knowledge to influence policy and/or practice?

EuroHealthNet is seen to be active in informing members of open debates, discussions and opportunities to voice concerns at the European level about health and social inequalities and to promote their work. HPE members appreciate the variety of opportunities to access and disseminate information provided by EuroHealthNet. One respondent referred to disseminating information about initiatives at the EU level gained from EuroHealthNet within their agency and other stakeholders. Another found that identifying and disseminate good practice has encouraged closer contact with their Ministry.

One respondent stated "*We have often used the EuroHealthNet dissemination channels to promote our work, outcomes and results*" (HPE5). This implied circulating information gathered nationally to a European audience. Others have drawn upon information about health equity from EU funded projects linked to EuroHealthNet to target local policy and decision-makers.

Reference was made by one member to EuroHealthNet's success in securing a bid for the INHERIT programme. This was an example of the importance of responding to calls for tenders and joining collaborations for bids which are considered relevant ways to disseminate knowledge to influence policy and practice.

HPE members commented that through the work of EuroHealthNet, including projects, reports and discussions, they have been able to influence policy and practice. The value of hearing first hand experiences from colleagues within EuroHealthNet was highlighted. One respondent referred to the value of the DRIVERS project which was a source to develop an important policy brief for national policy makers.

An HPE member referred to how they drew upon the knowledge and experience they had gained from EuroHealthNet to prepare two reports that they were commissioned to write by their department of health - one on international lessons on health promotion and prevention and another on lessons from other countries on innovative health promotion. In contrast a regional organisation stated that they could not identify any example where information from EuroHealthNet had been used to influence policy making, but suggested that they may not have seized the opportunity.

An example was given by a HPE member of how the activities of EuroHealthNet can lead to an impact several steps removed from the original event:

“At the Newcastle General Assembly we discussed the new EU Commission agenda. Three weeks later, we shared this at a meeting on international affairs we organise twice a year with national health promoting organisations ...

Soon afterwards, the deputy director of one of those organisations attended an EU NGO stakeholder meeting in Brussels. He sent me a grateful and enthusiastic email upon his return: he had been by far the best informed NGO representative at the table which had been of great help to him to get the most out of that meeting.” (HPE6)

5. Does being part of a network of organisations through EuroHealthNet make a difference to your ability to exert influence on decision makers in your country or region?

Responses to this question reflected the nature of the relationship of HPE members to their national governments whose role is to inform rather than influence. As one respondent commented,

“This is a delicate question to answer given our role as a government agency. Exerting influence on elected policy makers is not really what we are supposed to do. Gathering and generating evidence for policy is, however, our core business.” (HPE6)

This sentiment was echoed by other respondents, one of whom stated that their closeness to government ministries limited their ability to assert influence on addressing policy areas. Another commented on the difficulties in influencing decision-makers given the political cycles and changing political climate in their country.

Nonetheless, one HPE member stressed the helpfulness of the network’s recommendations in influencing both the European Commission and the position of national decision-makers in their ministry. Another stated that EuroHealthNet equipped them to better inform policy makers about EU processes, policies opportunities and threats to national and local public health. The involvement in EU projects led by EuroHealthNet was thought to have a potential indirect influence by another member.

One HPE member referred to their specific role in supporting evidence-based health promotion at a local level and the development of local health plans and reports. Experience gained through EuroHealthNet’s study visits was seen as relevant to this work which was described as ‘inspirational’, but the extent to which it has made a difference was hard to judge. In contrast, another suggested the ability to exert influence on local and regional decision makers was not well developed and would be an important issue to discuss.

One respondent argued that it was equally, if not more important to influence not only policy makers but also those who were implementing policies,

“Change comes not only through influencing policy makers but also through learning from others who are implementing public health programmes or projects. I believe that the information on such actions are as important in influencing the people carrying out the daily work in public health, as the policy makers ...

So, EHN is important for communicating experience from implementers as well as for influencing policy makers at all levels.” (HPE7)

6. What resources and support provided by EuroHealthNet do you value most and why?

HPE members identified a number of features of EuroHealthnet's role and work that were valued:

- EuroHealthNet's 'superior role' as an important stakeholder at the European level, in building the evidence base for public health and health-related policies and health promotion interventions to level up the social gradient in health.
- Being an informed voice in Europe that promotes the implementation of integrated approaches to addressing the social determinants of health to reduce health inequalities.

"We, as a single institute can never raise a voice in such an effective and strategic way as EuroHealthNet does on behalf of all its members. We would never get around such high-level tables, we would not get listened to in the same way." (HPE6)

- Expertise on policies and procedures of the European Union and Commission and the quality of its contacts with Commission officers.
- Provision of information through the newsletters and Health Highlights are valued with email updates on policy, developments in public health, funding opportunities and EC related topics. The 'policy précis' series is helpful which provides high quality evidence on 'hot' policy themes in a concise format.

"For most of us, EU policy can get very complicated - especially when it deals with themes like trade or economic issues - and it's great to have its relevance explained from a health perspective." (HPE6)

- Support and co-operation from EuroHealthNet's staff with EU-funded projects. One respondent remarked,

"The support, advice and actual work by staff in developing bids is also priceless." (HPE6)

- Individual support to HPE members - making time to have a conversation by phone or Skype; invitations and encouragement to write an article for publication in EuroHealthNet's magazine; invitations to host a study visit.
- Support to attend international conferences and meetings and EuroHealthNet's presence at such events.
- The informal and formal communication and face-to-face exchanges during study visits and the general assemblies that facilitate contact between people who share a common interest and with experts which builds trust and mutual understanding.
- EuroHealthNet's Office - always helpful, friendly and efficient

7. What do you hope your association with EuroHealthNet will help you to achieve by the end of 2017?

HPE members identified a range of actions that they hoped could be achieved through their association with EuroHealthNet:

- Strengthened and enhanced collaboration to fulfil the mission of EuroHealthNet and the overall aim of the HPE member's national aim to improve health and wellbeing for all.
- Continued update on European public health developments.
- Promotion of country specific issues related to public health and health inequalities and raising awareness of these at the European level.

- Active involvement in the TWIGS and thereby bring added value through international collaboration into their organisation.
- More successful projects and furthering work in health inequalities through participation in European initiatives
- Development and expansion of the HPE member's partnership.
- It was also hoped that EuroHealthNet will organise webinars on issues and training in areas where it has expertise, e.g. advocacy and the use of structural funds.
- Financial and technical support for the European Public Health Conference being held in Stockholm in 2017, including a high level plenary.

8. Additional comments about your experience of being a member of EuroHealthNet

Three HPE members offered additional comments:

"Our institute benefitted a lot from being in a network which operates in a very professional way." (HPE2)

"To be a member of EuroHealthNet means not standing alone." (HPE3)

"A network is a treasure trove of creative and committed people, inspiration, expertise and opportunities. For me personally the past five years have been great in terms of learning, sharing and being able to contribute to more equitable health. It has helped me a lot in my own work and I know it has made a real contribution to the institute I serve." (HPE6)

"To extract the optimal benefit from the organisation one needs to put in considerable staff time to convert the information and opportunities provided by EuroHealthNet into practice." (HPE7)

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APPENDIX C

Interviews with CIRI Partners

1. INTRODUCTION

The evaluation plan approved by the Executive Board included contacting new members/partners of EuroHealthNet 12 months after they had joined the network. In consultation with the Managing Director it was decided to focus only on CIRI partners in 2015. A small sample of 3 organisations was identified by the Managing Assistant.

Initially it was proposed to send out a questionnaire, but following an email exchange with the Managing Director it was agreed that interviews would be more appropriate to explore the experiences of those who had only recently become involved in EuroHealthNet.

The invitation to participate in interviews was sent out by the evaluator in October 2015. All three contacted agreed to be interviewed.

A semi-structured approach was adopted for the interviews that explored their experiences and views of joining EuroHealthNet. An analysis of transcripts identified several themes.

2. EMERGING THEMES

2.1 EuroHealthNet's framework and becoming a CIRI partner

Two of the CIRI partners were clear on the distinction between the '3 Pillars' of EuroHealthNet's framework, while one was unaware that there were different categories of membership. One had actively searched for a network that would enable them to engage with research organisations across Europe while the other two already had some experience of working with EuroHealthNet. One became involved through a workpackage led by EuroHealthNet as part of Equity Action while another had provided a case study for the DRIVERS project.

The experience of contacting EuroHealthNet and discussing how to become formally linked with the network was a relatively easy. Staff in the EuroHealthNet office were welcoming and supportive. What was more challenging was convincing senior officials within their organisations. For one organisation it took two years to convince their hierarchy, but the option of joining as a research organisation through the CIRI platform was crucial in securing internal agreement as it matched the remit of the organisation.

The lower rate of membership for CIRI partners compared to HPE members was a significant factor for at least two of the organisations which are small and have limited funds. This separate category and price makes it easier for regional and local organisations to join. One partner presented an argument to their senior management that the membership fee represented an investment in the future. It took less than a year to receive a return through the success of the Horizon 20:20 bid.

Although EuroHealthNet identifies those who join through the CIRI platform as 'partners', the individuals interviewed usually referred to themselves as 'members'. The impression given was that CIRI partners do not see any difference in status between them and those who have joined the network as HPE members or PHASE partners. There appeared to be no barrier to involvement in activities, meetings or participating in bids for EU-funded projects. There is some recognition that different types of organisations may choose different routes, but that within EuroHealthNet everyone is treated equally.

One interviewee stated that although it was their institution that was formally a CIRI partner, in practice the initiative had come from one group of researchers within their institute who wanted a closer link with a European network that focused on addressing health inequalities. However, the group's success in achieving Horizon 20:20 funding as a partner in a bid led by EuroHealthNet, has enhanced the group's status within the institute which was now more committed to the network. It has also given greater impetus within their organisation to explore health issues.

Interviewees indicated that involvement in CIRI may be an interim stage for them towards becoming a full HPE member.

2.2 EuroHealthNet's professional approach and reputation

CIRI partners regard EuroHealthNet as a professional and effective organisation. Its reputation for professionalism, high quality work, success in securing bids and delivering results becomes a virtuous circle that attracts organisations. The DRIVERS project and the work package (on 'Regions') it led as part of Equity Action were given as examples.

One interviewee commented on the challenges they face in deciding where to invest their limited time when considering opportunities to contribute to a bid for European funding. They receive invitations from other organisations and networks, but the opportunity to contribute to a bid co-ordinated by EuroHealthNet is regarded as having a high chance of success. This judgement is based on the strength of the partnership EuroHealthNet is able to build, its connections with the EC and its track record. Consequently the investment of time is considered worthwhile.

[Confidence arises from] *"The extent of the partnership, the depth of contacts and knowledge within Brussels, and the links into the political process in Brussels and the procedural process. It is fairly clear from the conferences that the people involved in EuroHealthNet have got some very strong links into Brussels and that's exactly what we don't have. That's why we are members, that's what the development of our relationship with EuroHealthNet is all about, we don't have those links with Brussels at all. There's no way we could possibly afford to develop them."* (CIRI 3)

2.3 EuroHealthNet's role in enabling organisations to build a European profile

It is evident that participation in bids and projects co-ordinated by EuroHealthNet have a significant impact on CIRI partners. In part this derives from an association with the network before becoming a partner. Although involvement in an EU-funded project will bring some resources, what appears to be more important is how this elevates the status of those involved, both within their organisation and in the view of other bodies within their country.

The enhanced profile can attract invitations from other groups to work in partnership with them and bring greater attention to the issues the organisation is working on which in turn can attract further resources. The funding this attracts enables CIRI partners to study existing programmes to evaluate their success in addressing health inequalities and identify examples of good practice.

One CIRI partner is part of a small local authority. Its involvement in providing a case study for the DRIVERS project was considered a relatively small contribution to a large project but has provided the crucial step to establish a connection with a European initiative.

"The opportunity to bid for a small part of a large project was absolutely crucial to us to enable us to establish a profile amongst partners and develop a little experience for later on." (CIRI 3)

Subsequently, they have been invited to submit another case study for a new bid, which will provide resources to research an intervention to explore its impact on health and health inequalities. As their experience and expertise grows they expect to play a more active role as full partners in bids and projects, but do not have the capacity to lead a project at the moment. Nonetheless the trajectory is clear, as their experience grows they expect to build a solid portfolio of involvement in European projects.

Although their role in the DRIVERS project was relatively small it opened up opportunities to make new contacts in Europe and gain knowledge from leading experts. Having successfully completed a case study they were invited to the launch of the project in Brussels, a case-study workshop in Helsinki and a presentation day in Brussels. What they learned from the briefing papers on healthy working in Germany they were able to apply to discussions with employers in their own setting.

One CIRI partner stated that they hoped to have more success in securing European funding for collaborative projects that would be inter-disciplinary in design and have greater consequences for policy making.

Interviewees expressed confidence that their ambitions to enhance their involvement in European projects would be achieved through their association with EuroHealthNet.

2.4 EuroHealthnet's role in enhancing the profile of organisations

Within less than a year of joining EuroHealthNet a CIRI partner has been involved in the successful bid for Horizon 20:20 funding. This has not only secured valuable resources, but has enabled them to secure greater visibility for their work in a health context with a recognition of the value of bringing a psychological perspective to public health. News of success of the bid occurred only the week before the interview, but it had already attracted an enthusiastic response from their university who organised publicity through national newspapers and radio. Other departments within the university also got in touch, which has reinforced an ongoing initiative to develop a strategy for health within the institute. By joining EuroHealthNet and being a partner in successful bids for European funding the CIRI partner has attracted national attention.

2.5 EuroHealthNet's role in creating opportunities to collaborate with different disciplines

CIRI partners who were interviewed valued the opportunities EuroHealthNet provides to work with organisations with shared interests and from different academic disciplines. Collaborating in joint bids for EU-funded projects and if successful working together over a sustained period were considered a significant attraction to joining the network. Association with EuroHealthNet creates opportunities to work in other countries that broaden perspectives by working on collaborative projects.

One organisation was eager to bring their expertise in psychology and the psycho-social determinants of health to partnerships with public health organisations. They considered that their discipline tends to be seen on the border between social sciences and health, but that by being part of EuroHealthNet's bids there would be greater recognition of the contribution of psychology to public health. They valued the opportunity of interdisciplinary work with people in public health and economists. The opportunity to work with experts from different and allied fields offers the potential to extend their knowledge and enrich their expertise and experience through international partnerships.

One CIRI partner referred to the value of the opportunity of working with public health institutes from several countries through the Horizon 20:20 project that EuroHealthNet would be leading. By being part of a research initiative where Michael Marmot's UCL Institute of Health Equity will be responsible for the scientific co-ordination is seen as an invaluable opportunity to enhance the group's expertise.

Joining EuroHealthNet as a CIRI partner has also facilitated a connection with an HPE partner from the same country. Through discussions that took place at EuroHealthNet's General Meeting it is hoped that this connection will open up opportunities for new projects that will enable the institute to use its research to influence policy making in their country. This suggests that EuroHealthNet has played a valuable catalytic role in bringing organisations together.

The TWIGS are seen as a potentially effective structure to bring together people from different institutions who share a common interest in an issue. CIRI partners consider information on the TWIGS to be clear and in a format that is easy to forward to colleagues. Small organisations face difficulties in investing staff time in the TWIGS. Nonetheless, there is evident enthusiasm to get involved in those TWIGS that match a core interest of the organisation. Interviewees commented on how quickly the EuroHealthNet Office has been in touch to consult them on topics for specific TWIGS and saw this as indicative of the way they felt welcomed into the network.

TWIGS are seen as a dynamic initiative offering opportunity, freedom and flexibility in how members and partners choose to be involved. It is early days, but the new structure is considered to offer potential with new opportunities likely to emerge.

One CIRI partner stated that not all the TWIGS would be relevant to their organisation. The focus of attention for the Tobacco TWIG was considered to be on regulation and taxes which would be the responsibility of the federal government, but they had a regional remit. Similarly, the topic of another TWIG, 'Sustainable Development', would be the responsibility of a different ministry and therefore outside the remit of the CIRI partner.

2.6 EuroHealthNet's visibility and providing a voice at the European table

CIRI partners were asked about the impact of EuroHealthNet's work at the European level. One interviewee had difficulty in identifying specific evidence of EuroHealthNet's impact, but remarked,

"If they were not there, there will be no impact, for sure." (CIRI 1)

The importance of EuroHealthNet's presence at meetings and events organised at the European level was highlighted by CIRI partners. EuroHealthNet's stalls at conferences and their role as presenters and moderators of workshops ensured attention is paid to issues of health equity. Examples given were the European Public Health Alliance and the European Public Health Association. This visibility also provides a rallying point for organisations who share a common concern to address health inequalities. It also provides a contact point for members and partners of EuroHealthNet. Interviewees commented on the approachability of EuroHealthNet staff at such events and the value of re-connecting with the people with whom they may only have had contact by phone.

One CIRI partner highlighted the fact that the issues they work on require a pan-European approach, but that this was not achievable through a national organisation and required collaboration with others. EuroHealthNet is seen as providing a collective 'voice' for organisations. Individual organisations on their own would not have access to the same key officers within the European Commission and would not have the same opportunity to attend the meetings to which EuroHealthNet is invited. Its efforts to place health inequalities on the agenda at the EU level and its persistence in presenting reports and making recommendations is considered to be important, even if it is difficult to secure evidence of success.

2.7 EuroHealthNet's support to members/partners

Interviewees were asked what additional support EuroHealthNet could offer members and partners. The general response was of contentment with what is currently being provided.

Information from EuroHealthNet is valued not only because of its relevance and quality, but for its clarity and conciseness. Consequently, it is considered easy to forward to the most appropriate person within an organisation. One example given was a recent mailing on the health of children. One interviewee suggested that good briefings for local politicians would be welcome. Articles and case studies that show where projects improve the quality of life and reduce inequalities for EU citizens that could be replicable in other places would be useful.

When CIRI partners receive information about opportunities to bid for European funding through other European networks they value the opportunity to consult staff of EuroHealthNet's office about whether there are organisations in other member states with which they might partner.

One interviewee stated that they considered that they were content with what was provided, but the main challenge was what could be expected from a small partner that might only be able to attend one meeting a year.

2.8 EuroHealthNet's culture and style

The EuroHealthNet Office as a whole and individual staff members are seen as welcoming, friendly, open, approachable and supportive from the first point of contact. It was clear that these were distinctive characteristics that are important to CIRI partners.

One CIRI partner stated how important it was to have made personal contacts with people in the EuroHealthNet Office, initially through involvement in a funded project. The establishment of strong working relationships enabled advice to be sought on European funded projects. Advice would be freely given with suggestions of organisations that might be suitable partners even if the initiative did not involve EuroHealthNet.

Interviewees conveyed a sense that they were offered and encouraged to take up opportunities to be actively involved in the work and activities of EuroHealthNet without constraint or pressure. They felt they were free to accept or decline an invitation depending upon their interests and circumstances. CIRI partners conveyed a confidence that by joining EuroHealthNet new opportunities would continue to flow that would benefit their organisations.

2.9 Identifying evidence of EuroHealthNet Impact

Interviewees were asked for their views on what would be reasonable evidence of EuroHealthNet's impact. The question prompted discussion of the challenges associated with identifying appropriate evidence. One CIRI partner argued that structural measures might not be as important as focussing on small, people-oriented measures. It was suggested that this issue needed to be placed on a political agenda.

Outputs were considered to have limitations, but it was suggested that if an organisation with which EuroHealthNet is associated has generated a positive outcome, then it could be reasonable to infer that EuroHealthNet had contributed to such a success.

Another CIRI partner responded to the question by referring to the evidence of the impact of their association with EuroHealthNet on their work. This included:

- The number of contacts, organisations and countries with which the CIRI partner now works;
- The amount of funding from Europe it has attracted as a result of being a partner in projects co-ordinated by EuroHealthNet;
- The subsequent success of the ability of the CIRI partner to secure additional European funding.

However, the bigger question would be assessing the impact on local residents and the degree to which local residents benefitted from a specific EuroHealthNet co-ordinated project. Assessing improved quality of life and reduced inequalities for local residents was judged to be very difficult.

Reference was made to the way in which the resources that would follow being part of a European funded project co-ordinated by EuroHealthNet would be used to identify the barriers to intersectoral engagement and action. It would also help to undertake a health impact assessment of an initiative to promote cycling to improve health. Without these additional resources the research could not be undertaken.

2.10 Future challenges for EuroHealthNet

Interviewees were asked what they thought would be the challenges facing EuroHealthNet in the coming years.

Comments echoed statements at the General Meeting about funding. It was suggested that more active involvement from all partners would be important to secure funds to sustain EuroHealthNet's structure and work.

EuroHealthNet's links with policy making were recognised to be strong, but it was suggested that dissemination of its work could be strengthened.

The shift within EU policy towards a focus on economic growth was raised. There was a tendency within regional programmes to focus on support to businesses with insufficient attention being given to the health needs of the workforce and labour market exclusion. It was recognised that EuroHealthNet had already endeavoured to bring attention to these issues through the DRIVERS project. Nonetheless, additional briefing documents from EuroHealthNet to help make the case for giving greater attention to health inequalities, mental and emotional health within an economic policy framework would be welcome.

2.11 Sharing the evaluation report

Interviewees asked to receive a copy of the evaluation report to which they had contributed their views and time.

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APPENDIX D

Interviews with Key Respondents

1. INTRODUCTION

The evaluation plan approved by the Executive Board included arranging a series of interviews with a group of 'key respondents'. The intent was to consult individuals involved in EuroHealthNet who would be invited to share their experiences and perspectives on a range of issues to include:

- Governance and membership
- EuroHealthNet's identity
- Keeping inequalities on the agenda of the EU
- Involvement in the network
- Forming partnerships
- Exploring impact, challenges and expectations

In consultation with the Managing Director seven individuals were identified that could offer their views from the perspective of their membership or status. Some had been involved in EuroHealthNet for many years, others were new to the network.

The Commissioners of DG SANTE and DG EMPL were also contacted but declined to be interviewed.

In addition, conversations took place with the Managing Director and the Director of Policy and Advocacy who were consulted on the direction and progress of the evaluation. While their comments have been helpful in shaping the evaluation, their views have not been included in the analysis of the interviews.

Five individuals accepted the invitation to take part in the evaluation study: three HPE members, one PHASE partner and one Observer. A CIRI partner had been invited, but did not respond. However, three CIRI partners were interviewed separately as part of another component of this evaluation.

Interviews took place in the latter part of October by phone or Skype depending upon what was most convenient for the interviewee. A semi-structured method was adopted to explore the topics indicated above in a way that responded to areas of interest to the interviewee. Time did not always permit an exploration of all the topics with each interviewee.

Comments from the five interviews have been collated under emergent themes.

2. EMERGING THEMES

2.1 Governance and membership

Interviewees were not all familiar with the new framework and the distinction between the '3 Pillars'. Those that commented considered it to be a positive development that gave clarity to purpose and direction of EuroHealthNet while opening up the network to a range of organisations that may not have public health as their core identity.

One interview was not sure which 'category of membership' they were in, while the PHASE partner valued the opportunity that this pillar offered to enable organisations outside public health to join a European-wide network through which they could share their knowledge and experience and make connections with an allied, but different field of interest. Engagement in this way is seen to be a constructive way of working in collaboration with EuroHealthNet on a shared agenda.

PHASE is seen as an important means of knowledge exchange across disciplines and EuroHealthNet is seen as the means by which issues of concern to organisations outside public health networks can be raised in this field of interest.

The creation of the TWIGS is seen as an innovative idea that can facilitate 'horizontal' engagement between members/partners of the network to collaborate on areas of shared interest. It was suggested that the TWIGS had the potential to strengthen the network. They are also seen to represent a 'vertical' link to generate ideas and identify issues to inform the Executive Board and EuroHealthNet's Office so that when and where appropriate EuroHealthNet can decide whether to express a view at the European level.

One interviewee stressed the importance of strengthening relationships between members of EuroHealthNet across all three pillars,

"How do we organise our members and how do we add value to the work of our members? PHASE and CIRI are basically an experiment [in 'adding value']. What [EuroHealthNet] should achieve by 2017 are well developed networks within [EuroHealthNet], who are actors, who are interchanging, where there's life, where there are ideas generated because that would add value to my organisation too." (KR3)

One of the interviewees had an Observer status and expressed the value of the relationship with EuroHealthNet, but emphasised the importance to government organisations of maintaining a degree of separation and independence from EuroHealthNet. This avoided any risk of a clash of opinion and ensured the ability to hold a neutral position. The opportunity to attend General meetings without voting rights was appreciated as it offered helpful networking opportunities. Access to information and advice was also highly valued, but the interviewee was unclear as to whether all the information available to members could be accessed by an Observer. As Observers do not pay a fee there may need to be greater clarity as to the distinction between the benefits available to Observers and members apart from voting rights.

Overall, recent developments in the governance of EuroHealthNet convey a strong professional and systematic approach to its organisation and engagement with other organisations. Comments from interviewees also indicate that the EuroHealthNet Office represents both a hub and facilitator for the network. This strategic approach is seen to be essential to its survival in the coming years.

2.2 EuroHealthNet's Identity

Interviewees were asked for their views on the identity of EuroHealthNet to discover how it is perceived not only by those directly involved, but also by those outside the network.

EuroHealthNet is seen both as a network which offers a means of contacting other organisations and as a valued source of information and advice through the EuroHealthNet Office. Reference was also made to engagement with specific individuals as the face of EuroHealthNet, the Managing Director, the Director of Policy and Advocacy, staff in the EuroHealthNet Office and members of the Executive Board. Views were also expressed about the network as a whole and the image of EuroHealthNet as a 'brand'.

A PHASE partner emphasised that it is essential that EuroHealthNet does not dilute its profile and that its distinctive identity as a network for public health organisations at its core was crucial. The creation of the three pillars was therefore seen as an effective means of retaining a clear identity while enabling organisations from outside public health to establish a link through the PHASE and CIRI platforms.

It is evident that EuroHealthNet is a multi-faceted entity. Only one interviewee referred to the relationship between the Executive Board and the Office, referring to it as 'consistent'. The significance of the lack of similar comments may be indicative of the absence of any suggestion of tension within the organisation.

EuroHealthNet's identity was linked to its 'visibility' and how well known it is by public health institutes, ministries and politicians in different Member States. One interviewee stressed the importance of building strong links with people in government ministries to ensure that EuroHealthNet is recognised by senior officials in departments of health. It was argued that EuroHealthNet needs to be 'hard-wired' into departments of health. It is considered necessary to identify conduits through which EuroHealthNet can access the ears of policy makers.

Departments of health should refer to EuroHealthNet as exemplars for networking opportunities and the exchange of knowledge. Building relationships with people in ministries required face-to-face engagement and was recognised to be time consuming and required resources, but was considered to be an essential investment to maintain and enhance EuroHealthNet's impact. In the view of respondents it is evident that some senior officials in government already hold EuroHealthNet in high esteem and consult their staff on the development of policies addressing health inequalities.

Several interviewees referred to EuroHealthNet as a 'brand' which is well respected. The importance of promoting its identity to secure recognition and enhance its reputation was stressed, particularly with government ministries throughout Europe. One interviewee commended EuroHealthNet on its visibility within their region and that several key individuals and organisations know of EuroHealthNet and its work at the EU level. It would appear that EuroHealthNet is well known in some regions and countries more than others, so the challenge may be how to enhance its profile across more member states.

It was proposed that EuroHealthNet needed a development strategy and a 'development manager' who would act as an ambassador for the network in contacting key individuals in the relevant ministries of member states. This was seen as a role already being undertaken by the Director of Policy and Advocacy, but it was suggested that others could also share such an advocacy role (e.g. Executive Board members) and be supported to undertake one or two visits a year to a ministry of a member state. Individuals would need to have key skills to fulfil the role and resources would need to be identified, but is seen as an effective way of raising the profile of EuroHealthNet.

2.3 Keeping health inequalities on the agenda of the EU

Interviewees found it difficult to comment on EuroHealthNet's success in keeping health inequalities on the agenda, but considered that this was a challenge for all organisations in public health. It was argued that the task was how to elevate the issue higher up the agenda to ensure that it receives greater attention.

One interviewee argued that ingenuity is required to re-present the need to address inequalities in health in new ways to gain attention, but that this was not easy. The challenge is to keep the topic 'fresh' and find new angles and ways of presenting the issue to stimulate interest, encourage participation and attract commitment.

One interviewee referred to the usefulness of the DRIVERS project, but stated that EuroHealthNet could play a helpful role in making the general recommendations more country specific. This was not only true of DRIVERS, but also of reports on aspects of health equity from other organisations. It was suggested that EuroHealthNet could act as an effective catalyst by facilitating meetings of organisations in individual member states to work towards more concrete actions. An example given was 'social protection' and how a country that already had a good social protection policy could improve it. It was considered that insufficient distinction is made between what rich member states and those with less income can achieve.

The interviewee referred to 'Europlan' (The European Project for Rare Diseases National Plans Development) which convened a national conference in each member state to discuss how to translate EU recommendations into a national plan. It was suggested that convening such meetings was highly effective in moving the issue forward within the country.

2.4 Encouraging involvement in the network

Interviewees referred to responding to calls to get involved in initiatives, collaborating on projects, attending general meetings and study visits as examples of the ways in which they participate in EuroHealthNet. The degree of involvement tends to reflect the size of the organisation and the number of staff and the time available to get involved and attend network activities.

The TWIGS are seen as a positive initiative that has the potential to involve more people from within member organisations to enhance participation. It is hoped that they will become channels to engage with experts in other countries and raise questions. One interviewee stated that people were eager to meet others who shared the same concerns and that in their institute one or two members of staff had been instructed to join each of the six TWIGs, exchange information and start up discussions.

Another interviewee stated that they were selective about which TWIGS they wished to be involved in and responsibility had been delegated to different staff members. The TWIG on 'Sustainable Development' was considered to be too broad, but it was hoped that those with an interest in the subject will narrow down the areas for discussion.

It was recommended that EuroHealthNet should concentrate on making the TWIGs a success before considering other initiatives to strengthen links between members to avoid the risk of overstretching the organisation.

Interviewees highlighted the benefits of being involved in EuroHealthNet which included the information they received through Health Highlights and the opportunities its activities offered for staff to engage with colleagues working on similar issues in other countries and the added value of such participation to capacity building:

"... they can go to a meeting, take part in a project, or become a work package leader and it really exposes them to frequently a richer pool of experience than they would otherwise have [access to]

... through the contacts of a European project they come back a bit more confident, they come back a bit more informed, they come back feeling that we are part of something bigger, they come back feeling that we're not the only ones working on this. So there's less isolation and they feel more supported as a result of the engagement." (KR5)

2.5 Forming partnerships

Interviewees interpreted the development of partnerships in a variety of ways; partnerships between members of EuroHealthNet, partnerships between EuroHealthNet and other networks and with national organisations that were seen as sharing a common interest.

The EuroHealthNet Office is regarded as a valuable source of knowledge and potential contacts to find partners in different countries with which to collaborate on bids and projects. The study visits are also seen as a valuable means of initiating relationships between organisations for the exchange of ideas and practice.

One interviewee suggested that EuroHealthNet could consider a closer partnership with the UCL Institute of Health Equity as their work was so closely aligned. It was also suggested that a closer partnership could be created with government institutions such as the National Institute for Health and Care Excellence (NICE) and the Belgian Health Care Knowledge Centre (KCE).

An example was also given of the potential benefit of EuroHealthNet developing a partnership with a network dedicated to raising awareness on mental health issues. This was seen to be of mutual benefit where both networks could benefit from sharing knowledge and contacts to support each other to achieve their goals. This was described as a 'loosely coupled network' where there was a light structure that facilitated functional activity without undue constraint. The TWIG on mental health was identified as tangible evidence of the commitment of EuroHealthNet to give serious consideration to the issue.

One of the strengths of EuroHealthNet is seen to be its openness to explore collaborations and partnerships that fostered mutual benefits.

2.6 Exploring EuroHealthNet's impact

Evidence of EuroHealthNet's impact was explored with interviewees by asking what difference their association with EuroHealthNet makes to their work. The opportunity was also taken to tap their expertise to discuss what might constitute reasonable evidence of EuroHealthNet's impact.

Fostering international learning

One interviewee referred to their negotiations with their Ministry to include an indicator in their contract that they should be part of international networks. This had not been part of their original contract, but by insisting on its inclusion it now justified the time invested in participating in international networks. Their success in securing the inclusion of the indicator was attributed to the benefits to the institute of having been involved in activities of EuroHealthNet. Involvement in international exchange visits is considered to be a crucial element of being seen as an expert organisation.

Influencing policy

The work of EuroHealthNet on Health in all Policies and Health for all Policies has directly influenced policy making in at least one region. The approach has become part of the culture and practice within a regional ministry where ministers and government officials make regular reference to them in their speeches. This reflects in part the work of EuroHealthNet and the local Institute in translating the approach into work in the region.

Another institute used the findings of the DRIVERS project although they had not been directly involved in it. The report was used as a valued source of knowledge and some of the findings were quoted in their reports. It also contributed to their annual report which is sent to government to develop national health policy. EuroHealthNet's work is considered to indirectly contribute to a stronger focus on social determinants within national public health policy.

Regional institutes can influence regional ministries and through them influence can be applied at the level of the federal state, but without a relationship to EuroHealthNet there would be no link or 'voice' at the European level.

One interviewee mentioned contacting the Managing Director of EuroHealthNet to discuss his ideas for a national plan on health inequalities and inviting a critique of its feasibility.

Discussions about local health work during a EuroHealthNet study visit in Slovenia coincided with an institute's work on a new public health law in their member state. This led to greater emphasis on local public health work in the legislation which may be indicative of the application of learning from such activities.

A key source of information and advice

Interviewees commented on the information they received which was considered evidence of impact. EuroHealthNet is one of several sources of information organisations access. Two interviewees mentioned using a WHO report which they only became aware of through EuroHealthNet's newsletter. One stated that they had used the WHO document, 'The Case for Investing in Public Health' as the basis for a discussion with their local ministry and as a key learning resource in a training initiative for the health promotion sector.

The ease of accessing information through EuroHealthNet's website and Health Highlights makes this the route of first choice for accessing information. The ease with which reports from other sites can be accessed makes checking on the relevance of documents very time efficient.

Regional ministries may not have the resources to maintain knowledge of what is happening at the EU level and therefore the information from EuroHealthNet is valued. An interviewee referred to comments from colleagues that they were impressed by the amount of information from the EC provided by Health Highlights and the insight provided into the policy processes of the EU.

Identifying evidence of EuroHealthNet's impact

Interviewees offered ideas about what evidence might be gathered to demonstrate EuroHealthNet's impact. These included:

- Identifying where the European Commission or EU politicians have accepted EuroHealthNet's recommendations.
- References to EuroHealthNet and its reports in the publications of members, national ministries, the EU and other stakeholders. Interviewees referred to using EuroHealthNet's material, including mentioning the organisation in their business plans. There could be value in establishing a mechanism for gathering evidence of such references as an indicator of influence.
- If EuroHealthNet focussed on effecting change on a specific topic, e.g. healthy eating or smoking prevention it may be easier to track its influence and impact through the activities of organisations and ministries at regional and national level.
- Recording the development and activities of the TWIGs was considered to be relevant to assessing impact. This could include, membership, the number of meetings, topics discussed and actions taken.

2.7 Challenges facing EuroHealthNet

Interviewees were asked what they considered to be the main challenges facing EuroHealthNet in the coming year(s).

Securing Funding

The constant challenge of securing core funding was identified by many, with the need to increase and broaden its membership base and continue its success in winning bids. It was argued that increasing its membership would also enhance its effectiveness as it would be seen to be a stronger, more representative network.

One interviewee remarked that there are two categories of organisations in Europe: those with money, but no ideas and those with ideas and no money. The task was to bring such groups together. EuroHealthNet was identified as an organisation brimming with ideas that needed more resources to put them into practice.

Another mentioned the challenges of bidding for EU projects which often place unrealistic expectations on organisations, *"You have to promise the sun, moon and the stars."*

Implications of EU's economic policy

The recent emphasis on economic policy within the EU was also raised, with the implications of the need to explore how to keep social inequalities in health on the agenda both in the EU and in Member States. This will require finding ways to keep the issue fresh to ensure that the need to address health inequalities is recognised as a significant social issue.

Arguments about the costs and benefits of addressing the issues need to be repeated and reinforced. The costs of not addressing the issue are associated with increased health care and social disorder with potential benefits in terms of productivity, economic return and efficiencies throughout the system.

Involving senior policy makers

It was observed that member states tended to send relatively junior people to meetings organised by EuroHealthNet. Although they were often enthusiastic they were not in a position to judge the feasibility of proposals. Consequently there is a need to discover how to bring senior policy makers to the table. This may require the framing of meetings to be more specific and using Skype conferencing or a similar arrangement to

2.8 Expectations of what EuroHealthNet might achieve by the end of 2017

Interviewees identified areas where they consider that EuroHealthNet could make a difference by the end of 2017:

- EuroHealthNet should continue to champion issues of social inequalities and action against poverty (especially child poverty) and lobby politicians to keep the issues on the agenda.
- It should also continue to strengthen links with other sectors beyond health to include education and the labour market.
- It was suggested that EuroHealthNet could take the lead on smoking prevention where there is clear evidence of a social gradient. It was suggested that the European Network on Smoking Prevention is not very effective, but if EuroHealthNet was more involved it would make a significant difference. It was also suggested that EuroHealthNet could play a significant role in providing concrete evidence of how smoking has an impact on health inequalities.
- The value of EuroHealthNet working on environmental issues was highlighted which would focus attention on how to effect change not only on individual behaviour, but also at the structural level.
- For EuroHealthNet *“To survive, thrive and prosper”*, over the next two years was considered a reasonable expectation.

2.9 Additional ideas

Exchange programme

It was suggested that EuroHealthNet could consider developing an exchange programme for public health officials across Europe to support young professionals to gain experience of working in different countries. Their experience could provide new perspectives that could inform and enrich their work in their home country. If EuroHealthNet acted as an agent for such a programme participants should be encouraged to submit a report reflecting on their experiences.

3. Responses from EU Commissioners

Officers from DG SANTE and DG EMPL were invited to participate in the evaluation but declined.

The Head of Unit for Programme Management and Diseases within DG SANTE considered that it would not be appropriate to take part in the evaluation exercise given his responsibility for the EU Health programme as EuroHealthNet has been involved in a number of its projects.

The Head of the Social Protection Unit within DG EMPL did not feel sufficiently familiar with the work of EuroHealthNet to respond to the questions proposed for the interview. Nonetheless, he considered that they were ‘highly relevant’ and suggested that they were more suitable for a direct discussion with the EuroHealthNet team. He indicated interest in arranging such a discussion after the completion of the evaluation.

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