

EuroHealthNet

External Evaluation Report
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Part I

Context and Approach

1. About EuroHealthNet

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, health promotion, and reduction of inequalities across Europe. Its vision is of a society in which all citizens enjoy their fundamental right to the highest attainable standard of health, without distinction of race, religion, or economic or social condition.

The partnership's mission is to improve and sustain health through action on the social determinants of health and to tackle health inequalities within and between European States. EuroHealthNet aims to achieve this by supporting members' work in Europe through its three Platforms on Policy, Practice and Research, its collaboration and networking with relevant partners, and advocacy and communications.

EuroHealthNet's mission and strategy seeks to positively contribute to the achievement of the EU 2020 Strategy objectives, the UN Sustainable Development Goals, the fight against social and health inequalities and the implementation of the European Pillar of Social Rights.

2. EaSI strategic objectives

EuroHealthNet aims to achieve the following four strategic objectives (SO1-4) within its EU Programme for Employment and Social Innovation (EaSI)-funded framework partnership agreement 2018-21 with the European Commission's Directorate General for Employment and Social Affairs:

SO1 To strengthen policy initiatives to reduce social and health inequalities within and between European countries and contribute to the development and implementation of effective and sustainable policy action across EU and (sub) national levels on health and social equity.

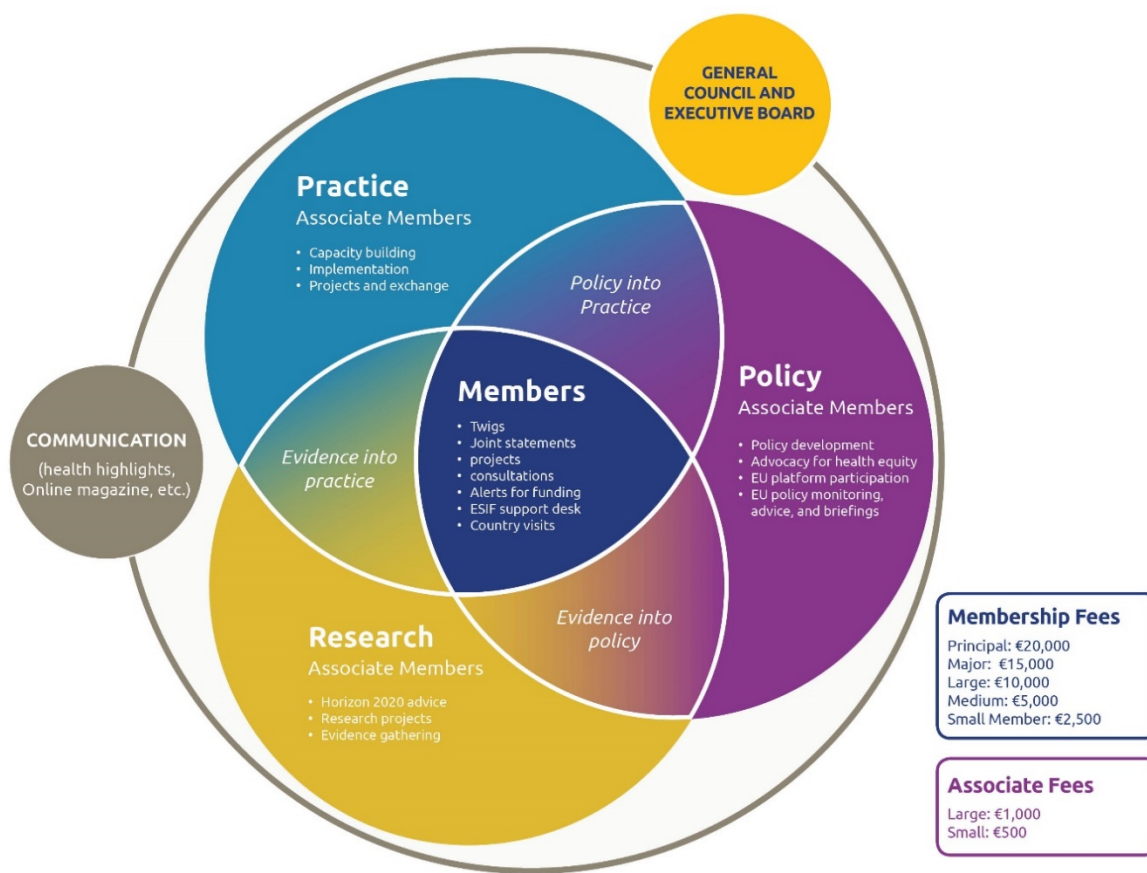
SO2 To make lasting impact by increasing capacity, competency and knowledge amongst the Partnership in EU Member States to formulate and implement coherent approaches to reduce health inequalities, poverty and social exclusion, by applying EU policy tools and mechanisms where relevant.

SO3 To increase awareness and improved understanding of health and social inequalities through effective communication and dissemination of "what works" among politicians and policy makers, practitioners, and researchers at EU and (sub) national levels.

SO4 To realise a high quality, effective and sustainable European Partnership for improving health and social equity.

These objectives align with the strategic objectives of the EaSI call for proposals VP/2017/015 and can broadly be considered to represent four areas of EuroHealthNet work. The first strategic objective relates directly to the work conducted primarily within the Policy Platform, the second to the work of the Practice Platform, the third to the

Communications team and the fourth to 'Core' or 'Members' activities undertaken by management. The following diagram illustrates the interplay between these areas of work (also supported by a complementary Research Platform whose funding and activities primarily fall outside the scope of the core grant).



3. Evaluation process and lessons from previous evaluation

The present evaluation was commissioned as planned in Q4 2018. The initial focus of the evaluation was on utilizing available data to gain an initial understanding of the impact of EuroHealthNet's activities. This included:

- Evaluation of EaSI work plan 2018 using quantitative data (e.g. web downloads, event attendance lists) and qualitative data (e.g. regular event feedback)
- Careful analysis of the EuroHealthNet External Evaluation for the period 2014-2017, in order to build from its recommendations and determine new value-added areas for evaluation and review
- Submission of an initial evaluation report for 2018
- Development of an impact assessment framework that can be used consistently for the rest of 2019 to 2021

EuroHealthNet conducted an extensive external evaluation for the period 2014-2017, which reached a number of conclusions about the nature of EuroHealthNet's work and its impact. It concluded, for instance, that the nature of the way the organisation and partnership make an impact on health inequalities is *indirect*:

“It takes place within an *intermediate zone* where EuroHealthNet has contact with members, partners, policy makers, officials and other stakeholders who are in a position to initiate the policies, programmes and practice that make a difference.”

Thus, EuroHealthNet is not itself intervening with European citizens to try to persuade them to improve their health or prevent ill health. Rather, it seeks to provide knowledge and evidence to those who *do* have that role – i.e. their partners at national and subnational level. It also found that EuroHealthNet “acted as a ‘catalyst’” which “brings people together...then retires to give space for conversation, bonding and partnerships to be developed. This is the art and craft of the ‘facilitator’ and ‘diplomat.’”

The previous evaluation provided sufficient evidence “to demonstrate that EuroHealthNet is making a significant impact in a range of areas.” It concluded that “members and stakeholders have identified aspects of EuroHealthNet’s activities at the European level and direct support to partners that *enable and empower them* to bring about change through their work.” (2018 evaluator’s italics)

The 2014-2017 evaluation provided these recommendations for EuroHealthNet’s consideration in the next phase of evaluation. They are set alongside ways in which the 2018 evaluation has taken them into account.

Recommendation	Consideration
Focus on what is ‘useful’ rather than what can be ‘measured’	The 2018 evaluation attempts to provide further actionable evidence EuroHealthNet can use to enhance its member services.
narrow the focus to specific areas within an ‘intermediate zone’ where EuroHealthNet can exercise influence	The 2018 evaluation does focus on the intermediate zone: it considers evidence from those who have taken part in its activities rather than attempting to measure its indirect impact on public health gains.
Be more specific on the nature of the impact it wishes to achieve, on whom, to achieve what	This is an exercise that is being considered by the evaluator and organisation for 2019-21.

Part II

Evaluation of selected activities in 2018

The remainder of this report focuses on the evaluation of the following activities:

- General Council meeting (activity 4a in 2018 work programme)
- Annual seminar (activity 2h)
- Country Exchange Visit (activity 2d)
- Electronic communications activities (3a-c)

It is worth noting that activities primarily classified under one strategic objective often contribute to at least one other as well.

As the 2018 evaluation was commissioned and conducted at the end of 2018, the evaluator primarily used the time to become familiar with the organisation and its activities, including activities conducted to date in 2018. Given that the activities were also subject to an internal monitoring and evaluation process, the evaluator focused on a few key activities which could be further investigated to complement the internal evaluation. A

detailed table of 2018 activities and associated outputs and evidence is available in Annex I (part of the internal evaluation submitted to EaSI).

1. General Council (activity 4a)

The General Assembly was evaluated positively by EuroHealthNet partners. The overall satisfaction ratings with different (abridged) statements are shown on the bar chart below. Participants had been able to choose from 5 levels of agreement with the statements, which have been abridged on the chart below. The key message here is that satisfaction is very high (i.e. above 80%) on three green statements and high on the orange bar (applicable knowledge). One participant commented: *“I still need to figure out how to enhance the utility of the information reported. I find it very difficult.”*

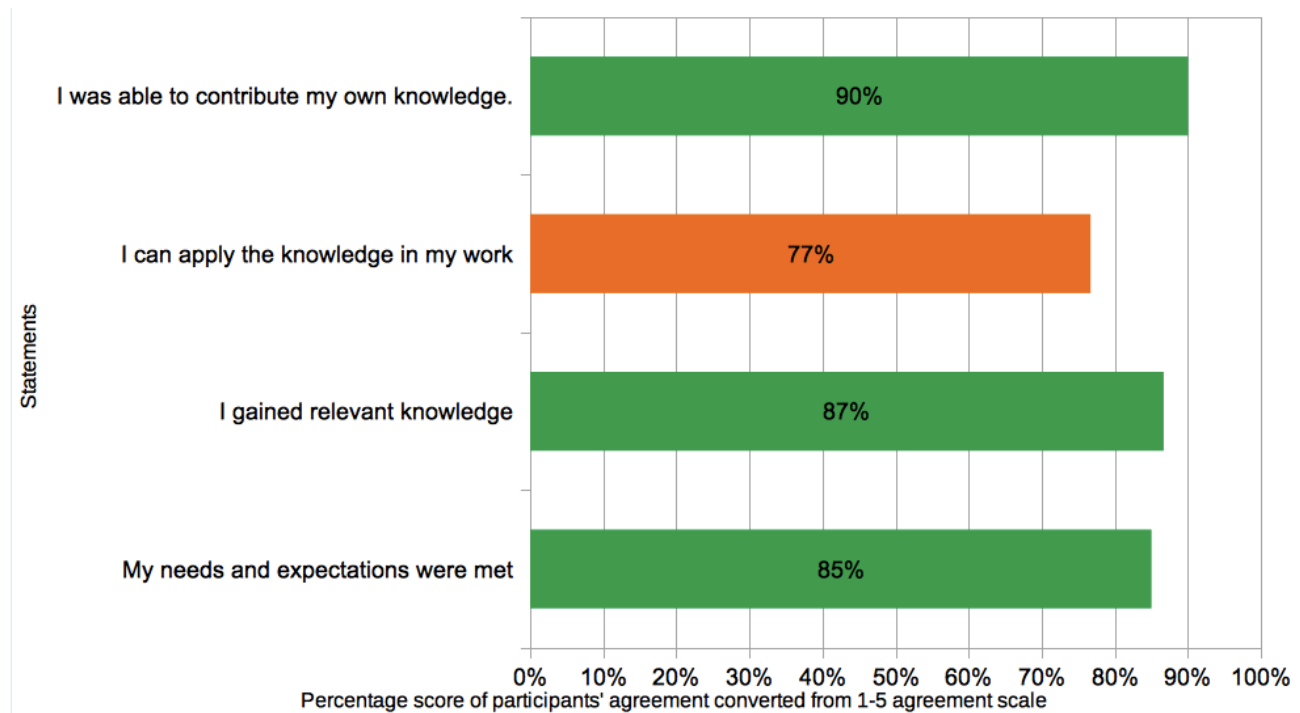


Illustration 1: General Council evaluation: level of agreement with outcome statements

In order to raise satisfaction in future the applicability of knowledge still further, the organisation plans the following actions:

- ask partners that have applied knowledge from EuroHealthNet activities to provide examples of how they have done so
- reinforce how the European Semester and its associated policies impact people and give examples of why this is relevant to participants' day-to-day work.
- ask presenters to make their insights more applicable to others as a take-home point, on top of telling their own stories.
- to allow further time for discussion in small groups on how to use evidence from presentations and good practices.

When working on the European Semester, the organisation will reinforce how policy impacts people and give examples of why this is relevant to their day-to-day lives.

The next bar chart presents participant satisfaction ratings on a range of meeting components. Clearly the meeting was organised to the highest possible standard in terms of invitation and logistics. The member breakout sessions and post-2020 strategy discussion were also rated as “excellent.” One participant commented on those two sessions: *“Very nice way to involve us. It is a difficult but a good way to get answers.” [i.e. answers from partners about the organisation's strategy]*

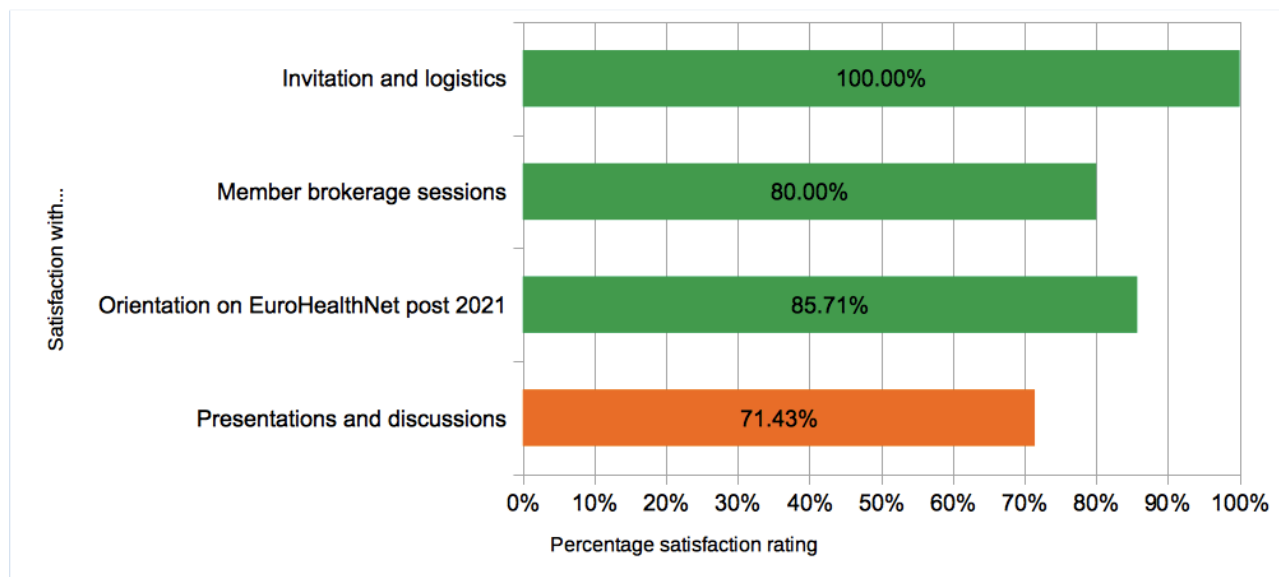


Illustration 2: General Council: participants' satisfaction with selected components of the event

According to qualitative feedback, the presentation and discussions were rated 'good' because some PowerPoints were very long and there was not sufficient time for discussion of very interesting subject matter. One person suggested trying out a different approach next time with *"fewer speakers and more speaking time"*. Another noted that the presentations were of varied quality. The organisation knows the areas for improvement and management has identified ways to improve performance in 2019.

2. Annual seminar (activity 2h)

The seminar was held in June 2018 in Brussels and attracted 122 participants of whom 30 responded to the survey. Participants felt that the seminar theme, "Smart investments? Let's talk prevention. Innovative financing and investments for health promotion," was excellent and the execution was good but did have some constructive feedback for future seminars.

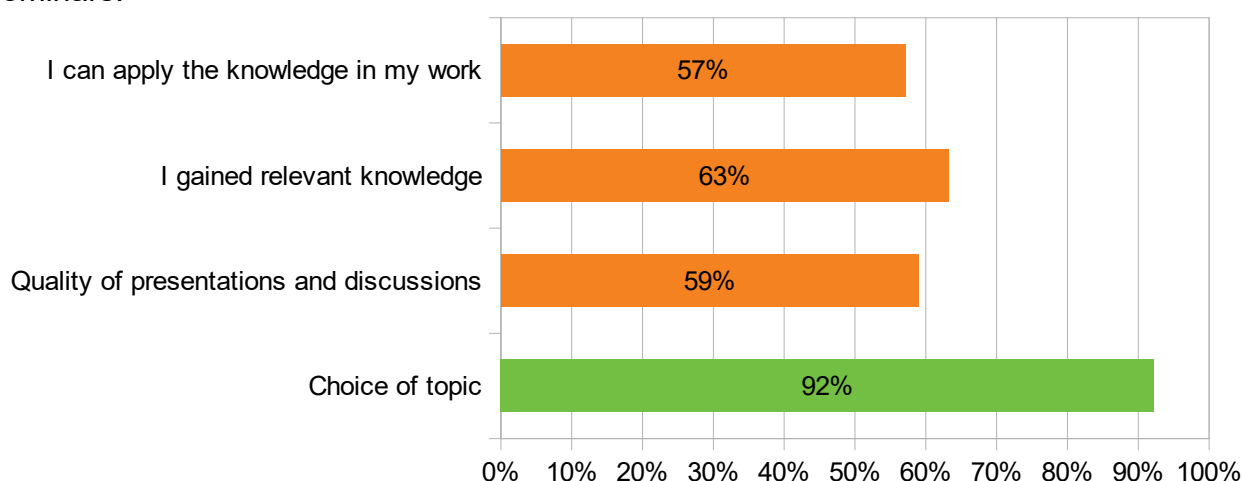


Illustration 3: Policy Seminar: participants' agreement with statements and aspects of the meeting

One participant commented: *"Financial and health promotion are difficult subjects – but good initiative EHN should continue working on."* Participants rated the quality of the programme as good and confirmed that they gained relevant knowledge. Satisfaction with the statement 'I can apply the knowledge in my work' scored a little lower. Numerous participants made comments like this one: *"Too many presentations and too little time for*

discussions". One recommended: "*Briefing the speakers better would help deliver better presentation*". However, it should be noted that some speakers who had been briefed well were replaced at the last minute.

In order to raise the orange bar up above 80% satisfaction in 2019, the organisation plans indeed to have fewer, higher-quality presentations with nominated speakers (not accepting alternative speakers from the same organisation) and greater quality control on presentations. They will design the agenda to allow more time for discussion and interaction between participants and speakers. Furthermore, the EuroHealthNet team itself undertook training on communication and presentation in February 2019 and has created a new PowerPoint template.

3. Country Exchange Visit, Bulgaria

Organised in Sofia in November 2018, the meeting attracted 27 participants, of whom 7 responded to a detailed qualitative impact survey. They were asked about each workshop session:

1. What was new to you?
2. What surprised you?
3. What did not make sense to you?
4. What points can I take back home?

In addition, there were 4 questions about the workshop in general:

1. What will I recommend to my organisation for its further development?
2. What might be the implications for policies and practices in my country/region?
3. What actions could EuroHealthNet take to support me and my organisation?
4. What should be done at EU level?

The evidence gathered from this event was all qualitative in nature and takes place in the 'intermediate zone' identified by the 2014-17 evaluation.

Three themes emerged from the surveys: discovery of other public health systems (helps meet SO3); a growing awareness of EU policy & funding (helps meet SO2); demand for more European engagement (helps meet SO2). All participants displayed an honest curiosity about and openness to new information. Their shared commitment to improving public health, even despite the restrictions of complex systems, is also evident.

Discovery (SO3)

The event opened participants' eyes to the similarities and differences between European health systems. They appreciated learning about the varied structures, approaches and funding models; when confronted with other models, they were able to see their own systems more clearly. In some areas, a participant might conclude that their system was doing better or was better organised; in others, they would see potential to learn from a neighbouring country.

As a group, they came from different parts of public health systems, meaning that in some sessions, they felt a colleague would have been better placed to take part. This puts some helpful pressure on them to communicate with those colleagues back home after the event. By understanding how various services and policies are integrated in other countries, each person was able to see their own country's actions (or inactions) to integrate a certain a service or policy area – not only within health systems but in other public services.

Some good practices drew the particular interest of participants and they committed to share the knowledge with colleagues at home:

<i>Good practice transfer potential (At event)</i>	<i>Update (3 months after event)</i>
The Bosnian participant said she was inspired to work for better linkages between health and social systems.	She has communicated this widely but <i>“without very inspiring result. Our colleagues from the Social Ministry still do not recognize the power of integration of health services and social services and our ministry is targeted more on medical care than on health promotion.”</i>
The Dutch participant wanted to contact the Slovenian participant about Slovenia’s suicide training for GPs (family doctors)	<i>“I tell about his experience wherever I can, for example, the Ministry of Health.”</i>
The Portuguese participant was keen to tell colleagues in Portugal about the Bulgarian child wellbeing index and their model of healthy schools ambassadors	<i>“I think this could be used in Portugal. However, the specific way this could be done and in which context, requires more time and work to be properly assessed.”</i>
The Slovenian participant was interested in the 5x5 model (a Bulgarian adaptation of the WHO ‘Four non-communicable diseases, four shared risk factors model’) and an app used for monitoring tinnitus.	<i>“I was able to bring it up when we discussed future plans for the topic of mental health at our institution as an argument for strengthening our endeavors on the topic.”</i>

Growing awareness of EU policy & funding (SO2)

Two participants mentioned European Semester as completely new to them and 4 cited EU funding as a potential source of funding for new projects which they had not considered previously. They committed to keep EU funding on their own radar, mention it to colleagues and look for potential opportunities. Asked about the usefulness of this three months later, they had quite reasonably not yet had a chance to pursue this further.

European engagement (SO2 and SO4)

Having seen now how EuroHealthNet meetings work, 4 cited wanting their organisations to participate in more meetings like this. Three months on, the Bosnian participant is advocating for EuroHealthNet membership, but this takes time to deliver in large organisations: *“I have informed both, the NGO and the governmental sector about proposition of joining. The National Institute of Public Health has shown great interest to be part of EuroHealthNet, as well as my NGO. However, I didn’t get any information or feedback on eventual follow-up on this issue.”* She has asked for annual reports and to be sent regular updates about the organisation’s work. In the evaluator’s experience, it can take more than a year and several points of engagement for a large organisation to make the decision to formally join a European network.

Asked what EuroHealthNet’s ongoing role could be, to support what they learned in the Country Exchange Visit, respondents cited in order of frequency:

- (1) building capacity of public health agencies (corresponds to SO3)
- (2) unlocking EU financing for public health promotion (corresponds to SO2)

(3) lobbying for public health promotion in EU policies (corresponds to SO1)
Participants identified some topics for future capacity-building and knowledge-sharing, that they felt would benefit their organisations. EuroHealthNet has already planned some meetings and events that respond to those requests, demonstrating its responsiveness to members' needs.

4. Selected communication activities (3a-c)

EuroHealthNet conducted an extensive internal review of its communications in late 2018 with a new strategy being implemented from 2019 on that basis. This section reproduces a selection of data from that review.

Activity	Description	2018 statistics
3a	Promote active use and consultation of EuroHealthNet websites	5% increase in page-views over course of 2018
3c	Health Highlights – sent monthly excluding August and December	Average number of recipients: 2041 Average number of click-throughs: 6.20%
3b	Calls and Opportunities Alert – up to 15 annual issues based on need	Average number of recipients: 477 Average number of click-throughs: 8.00%
3c	Online magazine – twice per year	Average number of recipients: 11042 Average number of click-throughs: 1067 (9.5%)

In 2019, EuroHealthNet intends to examine the effects of several variables on the open and click-through rates of its mailings, such as the length of the newsletter and the time and date of mailing. Additionally, EuroHealthNet could set itself a target for its click-throughs in member (and non-member) communications and aim for continuous improvement throughout the three years to 2021. A further area for exploration is the use of industry benchmarks on email and social media engagement.¹ EuroHealthNet could investigate appropriate benchmark indicators (e.g. from non-profits, the public health sector, or possibly from similar European networks) to compare and set additional targets for improvement.

Part III

Summary 2018

Given the limited number of activities evaluated here, this report cannot claim to assess the overall impact of EuroHealthNet in 2018, even in the so-called 'intermediate zone'. It does, however, provide evidence upon which the organisation can act in future years to increase the impact of those activities evaluated. The evaluator has been tasked with finding ways to increase the number of activities evaluated so building up a complete picture of EuroHealthNet's impact in the 'intermediate zone' as well as consider the feasibility of assessing its indirect impact on public health at large, likely to be through some indirect indicators.

A particularly interesting area of further exploration for the subsequent years' evaluation will be the ways in which members apply the knowledge gained from their participation in EuroHealthNet. While EuroHealthNet judges that members overall have a highly positive view of the value of membership, their beliefs on their abilities to apply knowledge and leverage contacts gained vary considerably.

One member noted, for instance:

"EuroHealthNet is very precious to us promoting a valuable network of contacts and sharing knowledge. We are very pleased to count on your help in building a vision of our work for the near future."

While another stated:

"I find it hard to come up with an effective way that EuroHealthNet could help capitalising on knowledge and contacts gained. [...] when we need something, we need it immediately and when we don't need it, we don't miss it."

Thus, investigating this spectrum of member opinion – and how it is influenced by the individual member representatives participating in EuroHealthNet activities, their organisational structure, and the overall national/subnational context in which they work – will help reveal additional ways in which EuroHealthNet can facilitate members to make an impact

Three related **key messages** have emerged from the evaluation of selected activities in 2018:

- Participants gain knowledge of 'what works' and of EU tools
- But are not always confident in applying this knowledge
- And may have to wait a significant time for an opportunity to do so

EuroHealthNet has taken account of these findings and already identified various actions to help members become more confident in applying knowledge and creating opportunities to do so. This is indicative of a strong learning culture inside the organisation.

Part IV

Strategy for continued evaluation 2019-2021

The next step is to identify an evaluation approach for 2019-21 based on an options paper that the evaluator will draft. Broadly speaking the options are as follows:

1. Activity-based evaluation

Description: to evaluate a broader range of individual activities one by one as in this report to identify ways to improve them individually year on year.

Upside: simple clear approach in the 'intermediate zone' with clear actionable results; closest to the evaluation terms of reference

Downside: may not capture the full picture of impact over time; may overlap substantially with internal EaSI monitoring required by funder

2. Social Return on Investment (SROI)

Description: to utilize the seven SROI principles to tell a story of EuroHealthNet's impact and produce a return on investment ratio showing how members and other stakeholders value the benefits of engagement compared to their spending on seeking those benefits.

Upside: a well-known international metric; would differentiate external evaluation from internal EaSI monitoring; would offer new form of evaluation over 2014-17

Downside: typically utilized in service provisions to the public, it would be experimental to apply this to a membership network; would require close adherence to criteria so limiting flexibility.

3. Knowledge Mobilization

Description: to assess the conversion of research-based evidence into societal application, taking account of different types of knowledge mobilization from the softer long-term impacts to immediate uses of evidence to change policy

Upside: existing indicators of impact can be utilized; a reasonable degree of academic rigour

Downside: based on impact evaluation in academic context, it is not a perfect match for EuroHealthNet

This evaluator will develop this further and come back to EuroHealthNet for consultation on the way forward, then produce a detailed plan.

Stephen J. Barnett