2019

EuroHealthNet External Evaluation 2019

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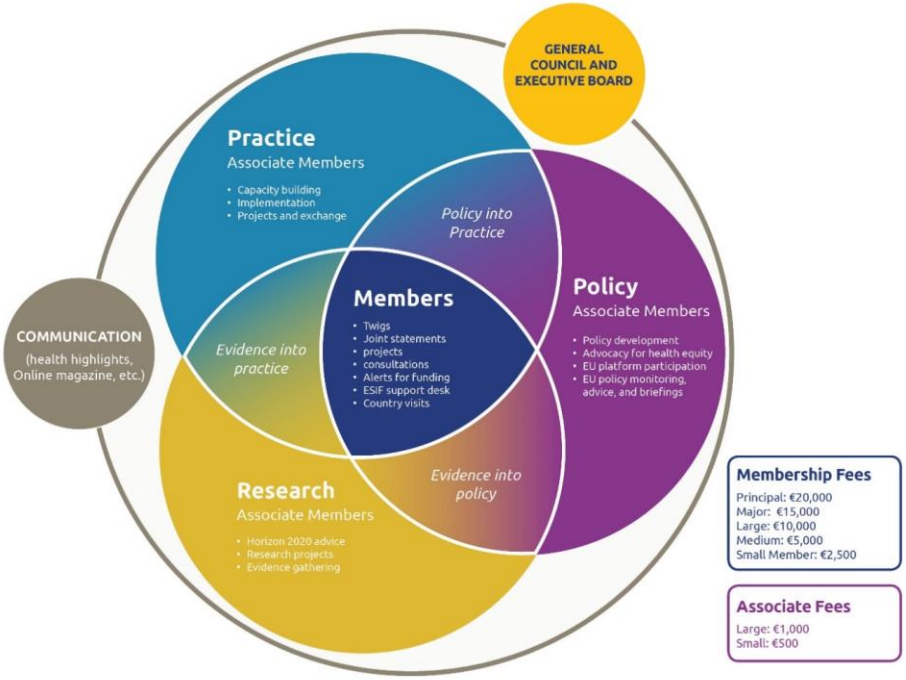
Introduction

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 EuroHealthNet 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.



The initial 2018 evaluation reached the following key messages based on assessment of a limited number of activities:

- 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

The 2019 evaluation was able to go deeper and wider: *deeper*, in that it asked members in detail how they engage with EuroHealthNet and *wider* in that it did not consider individual activities, but the whole membership experience over several years. Looking ahead to 2020, some gaps in the 2019 evaluation will be filled in and the stakeholder focus will expand to non-members.

The 2019 evaluation of EuroHealthNet has a focus on member organisations. Interviews were conducted with five full members, two research associates, one practice associate and one observer member. This was a reasonably representative sample on the basis of these criteria:

- membership duration
- level of activity (as perceived by secretariat)
- geographical representation
- membership level

Due to non-availability of four additional potential interviewees, there was no interview with a policy associate, former or potential member; Integration of those interviews would have given additional assurance about the representativeness of the evaluation findings – and could be targeted in 2020.

In this year's evaluation, interviews sought to build responses to the following questions which featured in the evaluation terms of reference:

1. Do members feel that EuroHealthNet is addressing their organisations' expectations and needs?
2. Has EuroHealthNet influenced its members to uptake innovative approaches to health promotion (e.g. through the use of the principles of its REJUVENATE Framework)?
3. How have EuroHealthNet's activities contributed to awareness of and engagement with key EU level tools?
4. How visible is EuroHealthNet in the countries where it has members and associates? Has its visibility increased over the period 2018-2021?
5. How are EuroHealthNet's communications materials disseminated and/or used within member organisations and partner offices?
6. Are EuroHealthNet's member recruitment and retention strategies targeting the right types of organisations from each country?

Although nominally relating to the 2019 calendar year, its findings cover at least two years since the start of the 2018-21 EaSI partnership.

EuroHealthNet's networking, knowledge-sharing and influencing work is by its nature difficult to evaluate. Great time and consideration was given by the evaluator, EuroHealthNet management, and the EuroHealthNet Executive Board to develop alternative methodologies and strategies to attempt to more rigorously quantify this work. For instance, an original proposal would have sought to establish a baseline position in 2019 for all SOs through various methods and to re-run the evaluation with the same methods in late 2021 in order to judge what change had occurred from the baseline and how far such change was attributable to EuroHealthNet. Ultimately, however, this would have required significantly more time from the evaluator and the data collection would have been too burdensome to EuroHealthNet members. As such, it was judged to be beyond the scope of what could realistically be achieved through this current evaluation.

.It was seen as a more direct route to 'useable' findings to start from the ToR questions, taking a different set in each year. It was agreed to seek to establish a baseline position for one SO during the period as a trial – and to re-run this post-2021 if it produces evidence of satisfactory robustness. As such, some simple questions were introduced into the 2019 online members' survey concerning members' knowledge of EU funding and policy. Elements of the members' interviews will also help to build that position.

Chapter 1: Meeting members' expectations (ToR area 1)

Members' expectations of EuroHealthNet are determined by their own missions. Based on the sample interviewed, those missions focus primarily on public health monitoring and research (4/9), public health promotion (3/9), and campaigning for political action on public health (2/9). These findings are reasonably consistent with the online members' survey 2019 in which members cited policies and action on health inequalities as the highest external priority, followed by 'health in all policies' and 'health promotion tools/standards/research'. An additional area of children and young people's health emerges from the online survey but was only present in one member interview.

Under the first mission of health promotion, members emphasise both information campaigns towards the general population and advice to other bodies who relate in some way to the population: government ministries, regional ministries, municipalities, health professionals, employers. Members' expectations are driven by their motivation to be more effective in their own mission in their particular context.

Shaped by their own missions, members' three principal expectations of EuroHealthNet are (a) that it provides reliable information on health inequalities; (b) that it enables networking with public health peers around Europe; and (c) that it supports members to become more international/Europeanized in general. These expectations are broadly being met through EuroHealthNet's communications and meetings. Interviews focused on expectations rather than needs because the former are subjective, whereas there may be competing views on the latter.

The expectation of EuroHealthNet to be a source of reliable information on health inequalities was mentioned by 7 of 9 interviewees. The main emphasis was on data, trends and intelligence about health inequalities in society, but policy and practice knowledge was also strongly present. Members' motivations for having this expectation were (i) to gain credibility with decision-makers they want to influence (4/9); (ii) to use the information for EU funding proposals (2/9); and (iii) to support professional development of staff (2/9). Aligned with this, *capacity-building and human resources* was the highest internal challenge for members according to the online survey.

Members' information expectation is fully in line with EaSI strategic objectives (SO) 1-3. From the content of EuroHealthNet newsletters and reports, it is clear that the network is, for example, "increasing awareness and improving understanding of health and social inequalities" in the words of SO3. Examples of the ways in which the information expectation is being met are featured in chapter 4 below.

The expectation to enable networking was cited by 7 of 9 EuroHealthNet members. The purpose of networking was primarily to gain a deeper understanding of how others were tackling health inequalities at policy level and how policies were (not) being implemented in practice (6/9). Having a knowledge of other countries' policies and practices would help gain credibility with decision-makers (including politicians) when advocating policy change. A network of professionals in diverse organisations in different sectors and countries would help members to build partnerships for EU project applications (4/9). Supporting this finding, both *working across sectors* and *understanding and applying for EU projects* were among the top internal challenges according to the online members' survey as well.

The networking expectation ties closely to EaSI SO1-3: for instance, having a deeper understanding of others' policies should contribute to the "implementation of effective and sustainable policy action" (SO1). It also supports "effective communication and dissemination of 'what works' among politicians and policy makers, practitioners, and researchers" (SO3). Examples of the ways in which the networking expectation is being met are featured in chapter 3 below.

Two further expectations for a smaller number of members relate to internationalization and Europeanization. There was a desire for EuroHealthNet to support them to become more international (i.e. European) in outlook and identity (3/9) – this appeared to be instinctive and without a specific agenda, but could lead to the emergence of more precise expectations such as those above over time. Two members expect EuroHealthNet to act as a two-way communication channel between the EU institutions and themselves so that they know about EU health policy and can influence it even in a small way.

A part of this Europeanization expectation relates in one way to SO2's invocation to apply EU policy and funding tools where relevant. Ways in which this is being done are outlined in chapter 3. Furthermore, having (potential) members who seek Europeanization is also a pre-requisite to maintaining and further building "a high quality, effective and sustainable European Partnership" (SO4).

Members mainly agree that these expectations are broadly being met through EuroHealthNet's communications and meetings. The online members' surveys make this more specific in revealing that the most relevant services for members were as follows: Calls and Opportunities Alert; Country Exchange Visits; and the combined General Council Meeting and Annual Seminar. These services can be understood as the means by which the above expectations are being met.

There was no pattern or common message on what more or better EuroHealthNet could do, but single isolated suggestions from particular members.

- More funding bids, notably for Horizon 2020, with an understanding that not all would succeed
- Stronger advocacy for public health priorities at EU level and to grow EU competency for health
- Training in specific issues: health impact assessment and effective public health campaigns
- Attracting a greater variety of people from different sectors to EuroHealthNet events so that one does not always see the same people every time.

Chapter 2: Influencing Innovation
(ToR area 2)

EuroHealthNet has influenced its members to be open to areas in which innovation may be necessary and to innovation in general terms, but not to necessarily implement any identifiable specific innovative approach. Implicitly the purpose of innovation is to ameliorate public health approaches, to reduce inequalities and to combat poverty and social exclusion associated with poor health. This is consistent with the strategic objectives to "contribute to the development and implementation of effective and sustainable policy action" (SO1) and "to improve understanding of […] 'what works'" (SO3).

It seems likely, however, that the progress towards real innovation in practice is gradual and would come following prompts from multiple sources including but not restricted to EuroHealthNet. Innovation openness is thus the essential contribution made by EuroHealthNet to "[…] the development and implementation of effective and sustainable policy action [at] (sub) national levels on health and social equity." (SO1). Other sources might be the WHO, academic networks and journals and the EU itself. Hearing about a particular concept, innovation or trend from at least two such sources would cause an organisation to look at its own data, policies and practices and consider whether change was desirable. This is a hypothesis inferred from two interviewees, including the National Center in Bulgaria, featured below.

Members look to EuroHealthNet for what those concepts, innovations or trends might be. They want to know what it is they do not know. Mixing metaphors, one interviewee said that it is important to "look over the top of your own wall" and not "stew in your own juices". Another said it's important to be a member of international networks – "not just stay at home".

Prompted regarding the awareness and use of the REJUVENATE framework, two thirds of members had heard of it but – with one exception (below) – not yet used it. It was also noted by one interviewee that this is a new framework so has not time to permeate thinking. Another said they understood the marketing benefit of it for EuroHealthNet but that there was nothing in it that was controversial in the public health community – the challenge remains in the implementation.

When a position of awareness of a new trend or concept is reached, then there is high confidence in looking either to fellow members of EuroHealthNet or to the EuroHealthNet secretariat for help in finding more data and people who have already confronted a similar trend or implemented a particular innovation when confronted by a new trend. It seems reasonable to infer a positive circle in which members become aware of a trend through one EuroHealthNet activity, then return to EuroHealthNet in search of evidence for how best to respond, i.e. to innovate.

One example of a recent innovation of which members want to know more is alternative or innovative financing such as impact or social investment. Here, 8 of 14 of members had never received funding from private companies or private investment funds – understandable given their profile as public bodies. 10 of 14 members reported they do not have expertise in social/health impact bonds or social outcomes contracting and 9 of 13 members would be interested in attending a training workshop in this area.

One member said: "we really feel supported and that's the truth"; another said the "biggest help is getting the info on who does what in other countries"; the EuroHealthNet office gives a "very quick response and looks for solutions". This is indicative that EuroHealthNet is "increasing capacity,

competency and knowledge […] to reduce health inequalities, poverty and social exclusion" (SO2) and "improving understanding of 'what works'" (SO3).

Case study: Public Health Fund, Austria
The Fund has used the REJUVENATE framework to influence its funding guidelines on workplace health initiatives. These now require applicants to consider equity and fairness in their funding applications. In addition, there are many aspects of REJUVENATE that the Fund was already putting into practice. Equity issues: funding focus on health workplace. Applicants need to focus on how to promote fairness in workplace health funding bids.

Case study: National Center of Public Health and Analyses, Bulgaria
The Center has been influenced by two different networks (EuroHealthNet and European Psychiatric Association) in 2018-19 in the same direction; namely in its recommendations on the national government's new mental health action plan. This came about because EuroHealthNet held a Country Exchange Visit on mental health in late 2018 and the EPA an academic conference with a similar theme. Both prompted the Center to move in the direction of community-based mental health services to replace institutionalization. The recommendations were presented to the Minister of Health.

Chapter 3: Awareness of and engagement with key EU level tools (ToR area 5)

EuroHealthNet has significantly contributed to greater awareness of key EU level tools and contributed moderately to greater engagement.

Most members (7/9) are aware of the European Pillar of Social Rights; 5/7 primarily aware because of information from EuroHealthNet. 2 of 7 were primarily aware thanks to their membership in other EaSI-funded European networks, who were said to have a more 'political' (small p) role towards the EU in Brussels. More than half of members (5/9) are aware of the European Semester and 3 of those primarily because of EuroHealthNet whilst 2 thanks to other networks. There was, however, some confusion about the difference between the Semester and the Pillar.

Considering the extent to which members are working on issues related to the Pillar, several commented sadly that only one Right relates directly to health. This implies that EuroHealthNet members' work relates indirectly to the Rights in the sense that good health would support the realisation of all the EPSR rights – and perhaps that all the EPSR rights if realised would support good health in the population. Several members commented that the European Semester mainly focused on economic policy and that health is not a sufficient priority.

Member case study on European engagement: SOSTE, Finland

SOSTE's expectations of EuroHealthNet are mainly to have a channel to and from the EU ("Brussels"): to be informed about and to influence EU health policy; to be informed about and to influence the European Semester, which it seeks to do both in Brussels through EuroHealthNet and in Helsinki on their account through two Ministry consultative committees. Those committees also provide information about EU policy and funding – it is good to have information from two sources, i.e. also from EuroHealthNet

In SOSTE's view, the European Semester is not influential on Finnish health (or social) policy. The EU is very focused on short-term economic policy, not much on wellbeing, such that the EU would (recommend to) cut budgets even if it knew that this make things more expensive within two years. There have been health-related Country-Specific Recommendations in the European Semester but the Finnish Government has not reacted to those. EU competency on public health is vague and SOSTE would like that to be stronger. It is because health and wellbeing in Finland are much more influenced by EU economic policy (European Semester, Eurozone macroeconomic policy) than by EU health policy.

When challenged, it is this long-term policy change SOSTE aspires to: that the EU to embrace health within or alongside the economic policies it advocates, so that this impacts more directly on the Finnish government.

Two members considered that governments were not very open to NGO input – those were NGOs themselves. Two different members who knew the Semester process quite well inside government considered that the health-related country-specific recommendations were rather broad and that their government had not really responded to them in any way. Three who all worked within Ministries felt that it was useful to know about the European Pillar of Social Rights and the CSRs for the purpose of internal advocacy for public health. They conceded, however, in one interviewee's words that "if there is no will of ministers, then there's no change" – by implication, no matter the evidence and no matter the European recommendations.

Most members (7/9) are aware of the European Structural and Investment Funds (ESIF) in general over a longer time-period and in a national context but could not trace their knowledge back to any particular source. Most of those (5/7) felt that the ESIF funds were more relevant to other departments in their organisation or to other organisations entirely.

Broadening out consideration to transnational EU funding, EuroHealthNet has a strong track record in Horizon 2020 research projects. A third of this sample said their organisation had been a partner in a Horizon 2020 project (INHERIT) and would like to apply again with EuroHealthNet in future. One more member had not yet been a partner but would like to be. Interviewees in this sample did not cite any specific ESIF-funded projects but were able to talk about transnational EU funding in general. Of the 9 members interviewed:

- 2 were involved in various other EU-funded projects as well as those with EuroHealthNet
- 3 mentioned that another department actually manages part of ESIF funds nationally
- 3 said ESIF funds were not relevant to their organisation
- 3 inform others based on EuroHealthNet information on EU funding opportunities and trends – but do not trace how this is followed up

In the online survey, members scored their organisation's capacity to manage EU projects at 6 out of 10. This suggests that there is a role for EuroHealthNet to play in enabling members to building members' capacity to "EU policy tools and mechanisms where relevant" (SO3). Online respondents also expressed a strong interest in a training workshop on European research funds (10/13), followed by ESF+ and Invest EU (7/13 each).

To what extent is EuroHealthNet supporting the application of EU tools and mechanisms where relevant?
This SO correlates highly with the Europeanization expectation held by some members. There is good evidence that EuroHealthNet is supporting the application of EU tools and mechanisms where relevant. It is clear that members make their own judgments about the relevance and value-added of applying EU tools (EPSR, Semester, EU funding). A sample of EuroHealthNet members judged their administrative capacity to manage EU projects at 6.25 out of 10. Some members judged that it was important and useful to seek EU funding or to seek EU policy influence.

For others, that was not part of their mission or priorities. As stated in chapter 1, members come into EuroHealthNet with their own missions – their expectations of EuroHealthNet are determined by those. If organisations in the public health field decide that they should apply EU tools – that it would further their own missions – then there are good grounds to think that they would look to EuroHealthNet for support and that they would get at it.

Chapter 4: Visibility and membership development (ToR areas 4, 6, 8)

EuroHealthNet has good general visibility within member organisations, especially high visibility in departments specialising in public health – understandably. It is not possible to judge on lines of enquiry in 2019 the visibility of EuroHealthNet more widely in each country. Visibility had overall increased since 2018, often associated with hosting events in that country or by default due to new membership. Online communications are vital for a network with a dispersed membership which only meets in person occasionally. This is a good basis for saying that EuroHealthNet's communications are effective (SO3). A strong membership that is willing to recommend membership to others is also a sign that EuroHealthNet already has "a high quality, effective and sustainable European Partnership" (SO4).

There was a large variety of estimates about how well-known EuroHealthNet is inside its member organisations – these estimates are for the proportion of colleagues to whom EuroHealthNet's work would be relevant.

- 4 of 9 interviewees put their estimates between 21-50%
- 3 of 9 estimated the figure to be in the range 51-80%
- 2 of 9 estimate it to be under 20%, one of which was an observer member, where less engagement is to be expected.

One interviewee represented a membership organisation themselves and so presented their estimate as concerning employed staff and board members. Many members work in large organisations such as ministries or universities which may employ several thousand people.

A majority of interviewees (5/9) considered that this proportion had risen in the preceding two years, often due to a recent EuroHealthNet event hosted in the country or by default due to new membership. Two thought there had been no change and another two felt that the proportion had declined – in one case, due to a re-organisation and in another because EuroHealthNet had not hosted an event in their country in several years. Reflecting on their own estimates and the increase/decrease, some members volunteered without prompting that they themselves could do *even* more to make EuroHealthNet known, rather than suggesting actions for the secretariat. One member had translated EuroHealthNet's 1000 days video into their national language and one more would like to do so. There were hints that some colleagues were simply not internationally minded, while other colleagues had their own immediate work pressures that made potential international links a low priority.

All 9 interviewees regularly send newsletters, announcements, report and event invitations on to relevant colleagues, often highlighting particular items for attention or targeting individual colleagues. On average, online respondents scored the 'shareability' of EuroHealthNet's communications materials at 7 out of 10. Whilst language may be a significant factor in this score, it may be worth reviewing the technical ease of sharing the comms and giving tips to members on sharing digitally with colleagues. In 5 of 9 cases, EuroHealthNet communications regularly get the attention of decision-makers, such as the Director, politicians or the Board, depending on the organisation. In 4 of 9 cases, European issues including EuroHealthNet, are a regular item on decision-makers' meetings (e.g. Board, politicians' committees, senior staff).

In 3 cases, the liaison person regularly shares EuroHealthNet work with key stakeholders beyond their own organisation. Two-thirds of members (6/9) knew whether there was another member organisation in their country and could name one other member if applicable; one third did not know about other members. Important stakeholders cited each by 2 members out of 9 were the national health promotion

agencies, cities and regions and the national ministry. Two national ministries of health (BE, ES) promote EuroHealthNet content and events to regions through formal inter-ministerial conferences and expert committees.

Member case study: Norwegian University of Science and Technology

The university (a research associate member) runs a high-profile global centre called CHAIN. EuroHealthNet collaborates with CHAIN in some ways that are not typical of its work with other members. EuroHealthNet supports CHAIN to disseminate its research results to its network – not just members, also wider policy and research stakeholders, for instance at an EuPHA conference. They offer office space in Brussels for other CHAIN-members, help organizing meetings and provide the CHAIN-members with very valuable contacts in Brussels and other cities/countries.

All members would recommend EuroHealthNet membership *in principle*, but one third were unsure to which organisations they could recommend membership *in practice* either due to the existence of other suitable European networks for that organisation or a political desire to be the sole member in their country. The following recommendations were made and members would be happy to support outreach from the secretariat:

- Faculty of Public Health, University of Oslo, Norway
- Government DG Health; University Institute of Lisbon (ISCTE), Portugal
- Government health insurance and sickness insurance funds, Austria
- Any other Regional Authorities, Sweden

The following potential members were also discussed but there were doubts about the feasibility or desirability of attracting them to EuroHealthNet:

- Any Regional Government, the association of local authorities (FEMP) in Spain – but this would not be a priority for the Ministry as "we coordinate with them and act as a funnel anyway"
- Larger SOSTE member organisations in Finland – but many are already members of their own specialist European networks such as in heart disease or cancer so doubts in their interest
- Faculties of public health at various universities, Bulgaria – but noted existence of dedicated network: Association of Schools of Public Health in the European Region (ASPHER)

Considerations of the role of other international and European networks are presented in Chapter 5 below.

Chapter 5: the EuroHealthNet niche

It may be instructive to consider to which other networks or sources member organisations go (or could go) to meet their three principal expectations: information, networking and Europeanization. This may also produce some insights on whether EuroHealthNet is targeting the right types of organisations in its member recruitment activities. Members of EuroHealthNet are also members – some individually, others corporately, of a variety of networks. Interviewees in large organisations were often understandably unable to give a full list of memberships, so it seems likely that organisations members of EuroHealthNet are also members in various other networks. It is evident that the public health sphere is considerably Europeanized and internationalized, both for academics and for professionals.

As well as funding networks with their own corporate identity and funding projects with a specific purpose, the European Commission has also initiated Joint Actions (JA), Joint Programming Initiatives (JPI) or European Expert Groups that bring together different people, networks and projects around particular themes in policy, practice and research. EuroHealthNet itself and two-thirds of this sample were involved in either a JA or a JPI. It was implicit in the interviews that involvement in this kind of activity was seen as an enriching extension to the work with EuroHealthNet, rather than a potential threat to it.

Inter-governmental organisations mentioned were the World Health Organisation (WHO) and the OECD was seen as more official and institutional, more high-level, but the relationships are not so direct, flexible or concrete as in EuroHealthNet. WHO is broader in its health work, not so focused on health promotion. WHO was considered useful because if it issues guidelines then you can use those in advocacy towards decision-makers.

Academic networks noted in the interviews and compared with EuroHealthNet were:

- European Public Health Association (EuPHA), which has a more academic identity with a big annual conference, whereas EuroHealthNet is on “constant speed” throughout the year
- International Association of National Public Health Institutes (IANPHI) BG
- Association of Schools of Public Health in the European Region (ASPHER)
- European Psychiatric Association (EPA)
- International Union for Health Promotion and Education (IUHPE), which is seen as quite similar but more global

IUHPE was the only one to be mentioned by two members – the other four were only mentioned by one member each.

European Anti-Poverty Network (EAPN), the Social Platform, Eurochild and the International Council on Social Welfare (ICSW) were each mentioned by one interviewee – three of which are core-funded by the European Commission, like EuroHealthNet. Those had also played a role in informing and engaging the respective member organisation in key EU tools and processes and were seen by two members as more political campaigners than EuroHealthNet – not presented as a criticism, just a difference in role.

Conclusions

1) Analytical findings

Having presented interview findings with some caveats and interpretations, it is worth stating some conclusions in a more simply and direct way, mirroring the language of the key questions in the introduction.

Members do feel that EuroHealthNet is addressing their organisations' expectations (ToR 1). EuroHealthNet does raise members' awareness of the need to innovate and provide members the access to people who have implemented innovations in practice, so facilitating learning. *However, EuroHealthNet appears not to influence its members directly to uptake specific innovative approaches. The REJUVENATE framework is not yet widely known among members and so has not been a source of innovation itself.* (ToR 2)

EuroHealthNet contributes to awareness of EU policy processes, priorities and funding. It helps members to engage with those EU processes and access funding if that fits their role. *However, members are not yet entirely clear about the EPSR or Semester – and not fully confident to judge the utility of engaging with them given available resources.* (ToR 3)

EuroHealthNet is quite visible among those to whom its work is relevant in member organisations and this has increased in the last two years in most members *however, not every colleague in every organisation knows about their employer's membership.* (ToR 4) EuroHealthNet's communications are widely disseminated within member organisations and in some cases to other stakeholders. (ToR 5) EuroHealthNet members mainly feel that the network has the right kind of members in their countries and are ready to recommend it to others in principle. (ToR 6)

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Among the panoply of European and international networks and organisations whose roles overlap with those of EuroHealthNet, EuroHealthNet appears to have multiple niches:

- its focus on policy implementation in practice
- its firm focus on public health rather than health care
- its connectivity with different stakeholders from research, policy and practice
- its ability to unlock EU funding for members

Perhaps most powerfully, it is the combination of those roles that sets EuroHealthNet apart.

The 2019 evaluation looks at EuroHealthNet through the lens of the ToR evaluation questions. Another lens through which we can look at the organisation is the contracted strategic objectives under the European Commission's EaSI programme. There are some difficulties in taking evidence elicited from a process shaped around the ToR questions and trying to reach conclusions about the extent of achievement of strategic objectives. The language and the focus of the ToR and the SOs are quite different: the ToR questions concern the 'intermediate zone' in which EuroHealthNet is present; the SOs are more aspirational and longer-term.

2) Towards post-2021 network funding: four prompts for reflection

Leading and governing networks in the non-profit sector is a managerial balancing act. Running a charity in the UK has been compared to "juggling whilst riding a unicycle". In reaching the conclusions of the 2019 report, four areas of balance come to mind: (a) quality vs. innovation; (b) expertise: public health vs influencing; (c) alliance-building vs. niche protection; (d) membership costs vs. benefits by category. As evaluator, I am not making any implicit points or recommendations here. I am merely aware from past professional experience that these are difficult areas for (European) membership networks and are worth conscious consideration, for which can be hard to find time for without an external prompt.

A) EuroHealthNet operates at a high level of quality in input (i.e. staff, member contributions), process (i.e. planning, project management) and outputs (i.e. events, reports). The different parts (secretariat, Board, Members) of EuroHealthNet have high expectations of themselves and of others. In a context where quality expectations are so high for current activities, it would be worth reflecting at Board level on the organisation's openness to:

- Phasing out activities which it is in the habit of delivering at a high quality in order to create space and time for innovation itself.
- Trying out new activities which may involve making mistakes or not at first delivering at such a high quality.
- Challenging funders' expectations based on available resources and political realities – i.e. would EuroHealthNet be brave enough to 'rock the boat'?

B) Members appear to look to EuroHealthNet to be prompted on the potential to change based on new evidence and changing trends. They also look to it when they want to innovate in a specific area or a specific objective. In addition, referring back to the 2018 evaluation, there was a moderate difference in the scores for knowledge gained by members and knowledge implemented by members, suggesting a lack of skills and a time delay to innovate inside member organisation. EuroHealthNet could consider exploring this more deeply with its key contact persons – to see whether those individuals have a skills gap in influencing internally or whether their organisations have a cultural or managerial resistance to innovation and new evidence. Should EuroHealthNet seek not just to be the voice of authority on public health evidence, but also on the *processes* of political influencing, policy development and knowledge transfer in principle? Would this shift put EuroHealthNet and its members in a better position to *implement* the public health knowledge that they value so highly?

C) Alliances: it is evident that, from members' perspective, influence towards innovation or change of any kind, is strongest when it comes from two separate sources. Organisations also tend to be members of several networks or groupings in public health. This produces two somewhat contradictory questions:

a) Is EuroHealthNet so close in mission and identity to another network that it could consider a closer alliance even leading up to taking over another network and so strengthening its own market position and its influencing profile?

b) Is there more that could be done by networks in the public health or social inclusion fields to coordinate their annual messaging and priorities such that mutual members are more likely to 'hear' a certain piece of evidence or new trend and be able to act on it more rapidly?

D) Membership value-added: given the different membership categories, EuroHealthNet could investigate the cost/benefit ratio of associate membership and full membership to ensure that associate members are not 'underpaying' nor full members 'overpaying' for services. It is striking, for example, that research members have access to EuroHealthNet's strong track record in obtaining EU research

funding: those in funded research projects may benefit from a very high return on investment in financial terms. Members also strongly value the diversity of the network and implicitly understand the demands of EU funding, so are likely to accept that EuroHealthNet has to balance their priorities with those of other members and with those of the European Commission.

Appendix I: Interview questions

ToR areas 1 and 2: Do members feel that EuroHealthNet is addressing their organisations' expectations and needs?

1. What are your organisation's expectations of EuroHealthNet?
2. Could you please describe if your expectations are being met and how?
3. If EuroHealthNet is not meeting your expectations or adding value, what could they do to better support you?

ToR area 3: Has EuroHealthNet influenced its members to uptake innovative approaches to health promotion (e.g. through the use of the principles of its REJUVENATE Framework)?

4. Has your membership in EuroHealthNet sparked any innovation or new approaches to your work (for example, in the areas described in REJUVENATE)? If so, could you please describe?

ToR area 5: How have EuroHealthNet's activities contributed to awareness of and engagement with key EU level tools, specifically the European Pillar of Social Rights, the European Semester, and Structural and Investment Funds?

5. Is your organisation aware of and/or working on issues related to the European Pillar of Social Rights? If so, could you please describe and mention if your EuroHealthNet membership has had any impact on this awareness or this work?
6. Is your organisation aware of and/or working on issues related to the European Semester? If so, could you please describe and mention if your EuroHealthNet membership has had any impact on this awareness or this work?
7. Is your organisation aware of and/or doing any work with European Structural and Investment Funds? If so, could you please describe and mention if your EuroHealthNet membership has had any impact on this awareness or this work?

ToR areas 4, 6 & 8: [4] How visible is EuroHealthNet in the countries where it has members and associates? Has its visibility increased over the period 2018-2021? [6] How are EuroHealthNet's communications materials disseminated and/or used within member organisations and partner offices? [8] Are EuroHealthNet's member recruitment and retention strategies targeting the right types of organisations from each country?

8. Can you estimate what proportion of your colleagues know EuroHealthNet – and know that your organisation is a member?
9. Do you believe this proportion has gone up or gone down in the last two years?
10. In your role as liaison with EuroHealthNet, how do you share EuroHealthNet's work (e.g. newsletters, opportunities to participate in Country Exchange Visits) with your colleagues? What does your organisation do with this information?
11. Do you know of any other organisations in your country that are EuroHealthNet members?
12. How likely is your organisation to recommend EuroHealthNet membership to other suitable organisations? If the likelihood is low, what would need to change to make it high?
13. If you would be willing to recommend EuroHealthNet to other suitable organisations, can you name any in your country that should be targeted for membership?

Appendix II: Evaluation Plan 2020

The principal focus of the 2020 evaluation work will be on the following ToR questions that broadly relate to EuroHealthNet's impacts on its non-member stakeholders:

- How/where do external stakeholders and funders feel that EuroHealthNet adds value?
- How visible is EuroHealthNet at the EU level? How are EuroHealthNet's communications materials disseminated (at EU level)?
- Has its visibility increased over the period 2018-2021?
- To what extent has EuroHealthNet's engagement with alliances strengthened its visibility and impact?
- How could EuroHealthNet strengthen its impact through alliance-building?
- What are the keys steps and changes needed to further consolidate and scale up EuroHealthNet's work, reach, and impact?

This could be achieved through two pathways:

a) a series of stakeholder interviews similar in scope and depth to those conducted with members in 2019, e.g. with DG SANTE, DG EMPL, an MEP's office, WHO Euro, two other EaSI networks. This will need to be developed with EuroHealthNet Director to ensure there is some measure of representativeness of stakeholder relations among interviewees.

b) an analysis which would track the influence of EuroHealthNet's policy 'asks' on EU policy and funding, e.g. in the new Von der Leyen Commission's priorities, in the 2021-27 EU budget objectives and in the 2020 CSRs for a selection of Member States.

The interviews together with the policy influence tracking would given some assurance that it was EuroHealthNet that exerted part of the influence, if the EU policy and funding guidelines were found to be in line with EuroHealthNet advocacy to some extent. I estimate this will take 12.04 days out of the 14.08 contracted.

A secondary focus in 2020 will be on providing additional confidence to the results of the 2019 evaluation by expanding the member interviews to target an interview with:

- at least one (full) member from the EU-10
- a policy associate member
- at least one former (full) member

I estimate that this will take 2.04 days.

The bulk of this work will take in these periods: 20 April to 22 May; 26 May to 17 July; and 7 Sept to 23 October, with a final report to be delivered by 23 October.

There is also the matter of establishing a baseline for the status of SO2. Thinking ahead and to prioritise the regular evaluation this year, I would like to propose that we look at this more closely in 2021. It would be a useful baseline for the post-2021 evaluation and could be run again in 2023, to see what change had occurred.