

**EuroHealthNet**

**Evaluation  
Overview Report (2015-2017)**

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## 1. INTRODUCTION

In November 2014 EuroHealthNet commissioned PHAST to undertake an independent evaluation and impact assessment of EuroHealthNet's programmes, activities and the organisation as a whole. The four year period coincided with the period of the core fund granted by the European Commission (EC), DG Employment and Social Affairs, through the Programme for Employment and Social Innovation (EaSI).

This report provides an overview of the evaluation for the period and attempts to address the questions and issues raised.

### 1.1 Evaluation: Terms of Reference

The original Terms of Reference for the evaluation stated that, "EuroHealthNet is committed to conduct a four year independent evaluation of its programmes and operations and to measure the impact of its work. The results will identify achievements, but also generate knowledge on the shortfalls, thus contributing to the process of lessons learned, informing organisational strategy, sustainability and resource allocation. Therefore, the evaluation and impact assessment will also contribute to better informed decision-making and promote greater accountability for performance in the coming years."

It was expected that the evaluation would address the following questions:

- ❖ How can progress on the achievements and results at the output and outcome level be measured?
- ❖ Which indicators of success can be used by EuroHealthNet to measure impact of its work?
- ❖ Health promotion and addressing health and social and economic issues related to health involve long term efforts and processes and any evaluation of related efforts should be viewed within longer term impact. Full impact may only register in the longer term. Even then, the critical question to address is whether the impact on health gain can ever be entirely measured, and if yes, how?

It was also expected that this process would attempt to answer broader questions including:

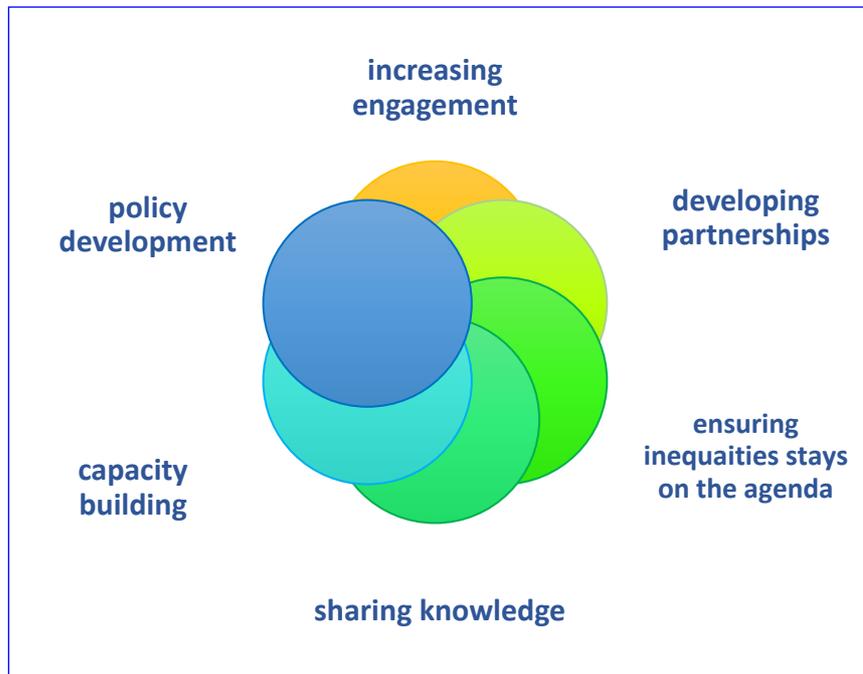
- ❖ Have EuroHealthNet initiatives and projects so far resulted in it being better positioned and equipped to champion health and address social determinants of health in Europe?
- ❖ Have partnerships to promote health been strengthened and how these partnerships have contributed to advance European 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?

The four year process began with the development of a four year plan and design for the evaluation followed by a report at the end of each year: 2015, 2016 and 2017.

It was expected that the evaluation would provide a framework, methodology and timeline.

## 1.2 Evaluation and Assessment Plan

Following the appointment of the evaluator, a small group of key respondents were consulted that included the Director, Senior Policy Advisor, three members of EuroHealthNet and a Policy Officer with DG EMPL. The subsequent plan proposed a framework of inter-connecting themes:



It was proposed to adopt an iterative approach for the evaluation using an action research methodology to reflect the dynamic character of EuroHealthNet and to ensure that the findings of the evaluation were made available to the organisation at the earliest opportunity. It was intended that the evaluation would be flexible and responsive to new developments. It was also hoped that the evaluation would enable EuroHealthNet to review and adjust its activities to optimise its impact.

It was not intended to evaluate individual projects and programmes, but to complement, not duplicate, EuroHealthNet's internal monitoring and evaluation mechanisms.

The proposed plan for the evaluation raised key questions:

- Who is the impact assessment for?
- What information would be of most value and useful?
- How does EuroHealthNet hope to make an impact?
- What evidence would demonstrate that EuroHealthNet was making an impact?

### ***EuroHealthNet as a Catalyst***

It was evident in the early conversations with key respondents during the design of the evaluation plan that EuroHealthNet often acted as a 'catalyst'. Through the events, training, study days, projects and networks it brings people together and facilitates creative relationships between individuals from different Member States and sectors. It then retires to give space for conversation, bonding and partnerships to be developed. This is the art and craft of the 'facilitator' and 'diplomat'. Without the presence of EuroHealthNet the 'change' may not have been brought into effect, however, the critical role that EuroHealthNet has played may not be evident or credited at a future date. At best, it may only be inferred.

If the concept of a catalyst describes at least in part how EuroHealthNet works, it makes it hard to attribute cause and effect and therefore assess impact of its work. It can only be inferred by indirect evidence and the narratives of those involved.

An indicative time line was proposed, but apart from the presentation of annual reports the choice of and timing of specific components was reviewed each year and discussed with the Director and submitted to the Executive Board for approval.

EuroHealthNet’s Executive Board approved the evaluation and impact assessment plan in April 2015.

### 1.3 Evaluation components and themes

Each year the evaluation has included various components to explore different perspectives on the work of EuroHealthNet to explore its impact.

2015	2016	2017
<i>Elements</i>	<i>Elements</i>	<i>Elements</i>
Conversations with members/partners during EuroHealthNet's Annual General Meeting	Conversations with members/partners during EuroHealthNet's Annual General Meeting	Conversations with members/partners during EuroHealthNet's Annual General Meeting
HPE - survey of 50% of members	Study Visits - survey	TWIGs survey
CIRI - interview with 3 partners	Health Highlights Survey	Documenting visibility and impact
Key respondents - purposive sample	Stakeholders perspectives (non-members)	Staff perspectives (with a focus on health and wellbeing)
Partnerships with other networks	INHERIT Co-ordination	Case Studies
<i>Themes</i>	<i>Themes</i>	<i>Themes</i>
Governance and membership	Impact through capacity building and sharing knowledge	Staff capacity and workload
Involvement in the network	Impact by increasing engagement	Strengthening the partnership
Identity and visibility	Impact through enhancing visibility and profile	Identity and visibility
Keeping inequalities on the agenda	Impact on keeping inequalities on the agenda	Keeping health inequalities on the European agenda
Forming partnerships	Impact by developing partnerships	
Impact - making a difference	Impact on policy development	
Challenges	Governance and finance	

Each year the evaluator conducted conversations with members at EuroHealthNet’s General Meeting, asking a different question on each occasion:

2015: *What is the value of being involved in EuroHealthNet?*

2016: *How does EuroHealthNet help you and your organisation engage with the EU?*

2017: *How can EuroHealthNet support you to keep health inequalities high on your national agenda and in Europe?*

## 2. MEASURING IMPACT

### 2.1 Exploring impact

The Terms of Reference for the evaluation posed three questions with regard to EuroHealthNet's programmes, activities and the organisation as a whole:

- How can progress on the achievements and results at the output and outcome level be measured?
- Which indicators of success can be used by EuroHealthNet to measure the impact of its work?
- Can the impact on health gain can ever be entirely measured, and if yes how?

EuroHealthNet already had a comprehensive internal monitoring and evaluation strategy for its activities with performance indicators that identify specific 'outputs'. Clearly this is essential information to collect. However, the challenge for the evaluation was whether this information could be used to assess the 'impact' of EuroHealthNet's work.

It was proposed that the evaluation would include a blend of 'indirect' and 'direct' evidence. Much of the quantitative data already being collected offered indirect evidence of impact, while the narratives of members/partners about how they have benefitted from the actions, resources and support from EuroHealthNet were considered to be the most relevant 'direct' (first hand) 'evidence' of the influence of EuroHealthNet's activities in making an impact at EU, Member State, regional and local levels.

The evaluation was based on the premise that it would be unlikely to be able to demonstrate direct 'impact on health gain', not least because of the way EuroHealthNet works with its members to support them in the development of policies and programmes at a national level and how it operates at a European level to keep health inequalities and the promotion of equity on the agenda at the European level. Such activity does not easily lend itself to the measurement of direct impact on 'health gain' at a population level. Consequently, 'impact' needed to be explored in others ways. This led to an evaluation framework mentioned above, to examine EuroHealthNet's impact through six core themes over the three year period to the end of 2017:

- Making an impact - through **increasing engagement**
- Making an impact - through **facilitating partnerships**
- Making an impact - through **ensuring inequalities stays on the agenda**
- Making an impact - through **sharing knowledge**
- Making an impact - through **capacity building**
- Making an impact - through **policy development**

### 2.2 Defining impact

During the 2016 evaluation interviewees and respondents were explicitly asked to describe the 'impact' of EuroHealthNet's role and/or activities. A variety of perspectives on 'impact' emerged:

#### ***IMPACT of Country Exchange Visits (formerly 'Study Visits')***

- Acquiring new knowledge, understanding and insight
- Personal and professional development, renewed confidence and motivation
- Discovering new ideas, backed by evidence - concrete projects and research
- Inspiration to develop and implement new strategies, policies and initiatives
- Finding new contacts and creating opportunities for bi-lateral exchange

#### ***IMPACT of Health Highlights***

- Upgrading knowledge on EU health issues and being up to date
- Good source to follow what is happening in the EU
- Being better informed about trends at the EU level and in other countries

- Seeing reports and experience of other countries and international bodies
- Expertise and knowledge exchange
- Flags issues that might otherwise be missed
- A source of information for their own monthly newsletter

#### ***IMPACT of EuroHealthNet as a partner in a collaboration***

- Crucial in helping the consortium to come together and stay together
- Reliable and available for whatever is needed
- Respect and reputational value
- Authority and legitimacy
- Tenacious advocate
- Bringing a multi-disciplinary perspective

The variety of ways in which members and stakeholders describe how EuroHealthNet makes an impact indicates that the nature of the way the organisation and partnership make an impact on health gain 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.

EuroHealthNet's role is seen a significant and crucial, but hard to 'measure'. 'Measurement' implies a quantitative assessment, which the evaluator suggests is inappropriate in the evaluation of the 'value' of the work of EuroHealthNet.

There is sufficient evidence in the accounts from members and stakeholders across the three years of data collection from the evaluation to demonstrate that EuroHealthNet is making a significant impact in a range of areas. Its impact on 'health gains' is indirect, but 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 effect change through their work. For some this may be over several years.

#### ***Points for consideration***

- In the next phase of the evaluation from 2018 it is recommended that the evaluation should focus on what is 'useful' rather than what can be 'measured'.
- If the Executive Board wishes to continue to focus on the 'impact' of EuroHealthNet, it would be useful to be more specific on the nature of the impact it wishes to achieve, on whom, to achieve what and also to decide what evidence would demonstrate that an impact has been achieved.
- Alternatively, it may be more useful to narrow the focus to specific areas within an 'intermediate zone' where EuroHealthNet can exercise influence and provide support and identify the evidence that would demonstrate it has been effective.

### **3. BROAD QUESTIONS**

The Terms of Reference identified broad questions that it was hoped that the evaluation would address:

- ❖ **Have EuroHealthNet's initiatives and projects so far resulted in it being better positioned and equipped to champion health and address social determinants of health in Europe?**

It was challenging for the evaluation to address this question, for it is difficult to interpret the phrase 'better positioned'. This requires a judgment of EuroHealthNet's 'position' in 2017 relative to its position at the beginning of the evaluation period, 2015. Such a judgement is also difficult to make when the context within which EuroHealthNet operates is in a constant state of flux. 'Position' is relative to context.

Nonetheless, from the responses from members, partners and stakeholders, evidence would suggest that they regard EuroHealthNet as an effective champion for action to address health inequalities and the promotion of equity at the European level. Documentation of events to which the President, Director, Senior Policy Advisor and Senior Policy Co-ordinator have been invited demonstrate the high level meetings where they have contributed as speakers, panel members and moderators.

The invitation to the President of EuroHealthNet and the Social Policy Advisor to join a High Level Panel at the European Forum Gastein, followed by authorship of articles by the President published in *EuroHealth* and the *European Journal of Public Health* are indicative of the standing of EuroHealthNet as a champion of health promotion and health in all policies.

❖ **Have partnerships to promote health been strengthened and how have these partnerships contributed to advance European health and the social determinants of health agenda?**

During the evaluation there was some ambiguity in the way the term ‘partnerships’ was interpreted or applied. It tended to cover collaborations between organisations and EuroHealthNet and co-operation with other networks. The 2016 evaluation included a component that focused specifically on how EuroHealthNet makes an impact through developing partnerships.

Interviews with stakeholders who have been partners (but not members) with EuroHealthNet in projects reveal that EuroHealthNet is highly respected as a partner. It has a powerful reputation as an active, reliable, trustworthy and knowledgeable contributor in its partnerships with other organisations.

EuroHealthNet is seen as an astute, skilful co-ordinator that is able to select, shape and support a strong consortium and exercise diplomacy in keeping everyone on track. Its knowledge and experience in understanding the procedures of the European Commission are highly valued by partners. Consequently, EuroHealthNet’s involvement in any partnership is regarded as a significant asset due to its experience and track record of success.

It has not been the role of the evaluator to assess the impact of the activities of the projects in which EuroHealthNet has been involved as a partner. However, to whatever extent these initiatives have advanced the health and social determinants agenda, EuroHealthNet is regarded as having played an important and influential role.

It is also significant that EuroHealthNet led the consortium of 31 organisations in a call for action to EU institutions and EU Member States to reduce health inequalities in the EU.

❖ **Have stakeholders been actively and meaningfully involved in programmes and initiatives undertaken by EuroHealthNet?**

It was beyond the scope of the evaluation to examine individual programmes and projects led by EuroHealthNet. Nonetheless, it is evident from the comments of interviewees and respondents that members are actively engaged in the programmes and initiatives organised by EuroHealthNet.

If ‘stakeholders’ refers to politicians, policy makers and government officials, it was not feasible to directly engage with them as part of the evaluation. What appears significant is the way members are empowered by what they learn from their involvement with EuroHealthNet. This can lead to the organisation of events in Member States to which representatives of EuroHealthNet are invited to make presentations, provide information and offer advice.

During the 2017 evaluation examples emerged of high level meetings at national and European level to which the President, Director, Senior Policy Advisor and Senior Policy Co-ordinator had been invited. It is at these formal and informal meetings where EuroHealthNet may be in a position to assert its greatest influence.

❖ **To what extent has capacity building and training provided by EuroHealthNet resulted in improved operations at regional and national levels to achieve Health Equity?**

In many of the components of the evaluation over the three years, members and partners have commented on the value of what they have learned through events organised by EuroHealthNet. Two of the members included as case studies in 2017 referred to the significant value of being involved in a capacity building programme for accession countries. For members in Slovenia and Latvia the support from EuroHealthNet was crucial and has had significant subsequent impact.

The 2016 Evaluation included a specific component on study visits which were later renamed 'Country Exchange Visits'. Participants of the six most recent study visits were sent a questionnaire to discover what they had learned from their experiences; how they had applied what they learned and what impact their experience has had on their work.

The survey revealed that the study visits provided extensive, evidence-based information on how various and multi-faceted approaches can improve the health of the population. Reference was made to gaining knowledge of how to build 'hard' (structural) and 'soft' (interpersonal) skills to improve the health of the population and reduce health inequalities. Respondents referred to learning about the development of policies in different countries.

Many participants commented on how they made efforts to share what they learned with colleagues after they returned to their organisation. Some wrote reports, others organised meetings, gave presentations or disseminated news of innovation in other ways.

❖ **What are the lessons learned and recommendations for guiding future EuroHealthNet policies, initiatives and strategy in the coming years?**

Throughout the evaluation each report has identified 'areas for consideration' arising from the synthesis of the views of interviewees and respondents for each component. These have been summarised in each annual evaluation report with some additional cross-cutting issues that have emerged.

In response to the above question this report proposes areas that the Executive Board may consider useful to examine in the future, based on what has emerged during the four year evaluation:

## 4. EVALUATION 2018 - 2020: FUTURE DIMENSIONS

### 4.1 Adopting a new framework

Arising from the three year evaluation ending in 2017, it is suggested that from 2018 the Executive Board could give attention to specific aspects of EuroHealthNet's activities and make them the focus of the next phase of evaluation. These are interconnected:



### 4.2 Increasing EuroHealthNet's visibility

Staff and members have highlighted the importance of raising the profile and visibility of EuroHealthNet. This appears crucial for EuroHealthNet's long term sustainability. It is evident that a strategy to achieve this would be building on a strong foundation both in terms of reputation and examples of high level activity.

It is suggested that an explicit proactive strategy is required to enhance EuroHealthNet's profile at a high level within Europe and with Member States. It could also include asking members to cite EuroHealthNet in both internal and external documents as a source where appropriate. What is important is to maximise reference to 'EuroHealthNet' within conversations - real and virtual.

EuroHealthNet may have to be more bold and proactive in promoting its distinct 'brand'. To this end it may be useful to consider seeking advice and support from Revolve to help develop a communications strategy that identifies what, where and how to elevate the profile of EuroHealthNet.

EuroHealthNet's Communications Coordinator could contribute to this discussion and identify and collect the evidence required to discover how EuroHealthNet's visibility is enhanced over the period.

### 4.3 Keeping health inequalities on the EU agenda

Ensuring that addressing health inequalities and promoting equity remain high on the European agenda is at the heart of EuroHealthNet's work. In its efforts to raise awareness and address the social determinants of health, EuroHealthNet has taken an active role in supporting the establishment of the European Pillar of Social Rights (EPSR) with the publication of its position paper.

In its position paper on the original proposal, EuroHealthNet recommended that 'prioritising wellbeing is a prime EPSR purpose'. It is noted that 'wellbeing' is mentioned in the first sentence of the preamble to the EPSR, which includes as one of the 20 rights and principles, 'the right to timely access to affordable, preventive and curative health care of good quality.'

As the EPSR has recently been adopted by the EU this could be a relevant 'baseline' from which to record and evaluate the ways in which EuroHealthNet contributes to its promotion and implementation across Member States with an emphasis on those aspects associated with its mission.

### 4.4 Broadening alliances

Members expect EuroHealthNet to retain and strengthen its distinctive focus on tackling health inequalities and promoting equity. They also recognise the value of broadening alliances and welcoming members from other disciplines and fields of interest that overlap, where parties benefit from a shared endeavour. EuroHealthNet has already demonstrated to those working in the field of mental health and also environmental sustainability that it is a partnership that respects and listens to other voices and is eager to collaborate to explore common agendas.

The next phase of evaluation could explore the promotion and application of EuroHealthNet's REJUVENATE framework, especially its achievements in 'being joined up' through building new partnerships and governance across sectors.

### 4.5 Strengthening the partnership

EuroHealthNet already has a wide membership across Europe. Its new structure offers greater clarity, with the changes in names from HPE, PHASE and CIRI to Practice, Policy and Research, respectively. The graphic representation in the form of this new structure as a Venn diagram also reinforces the inter-relationship between them to indicate the links, e.g. with policy informing practice and practice informing policy. The new types of membership also help to clarify the status and relationships between the categories.

Throughout the evaluation period there has been an issue about the relationship between EuroHealthNet and its members. EuroHealthNet has moved from describing itself as a 'network' to a 'partnership'. It was suggested after the first year of the evaluation that it may be helpful to describe those who attend EuroHealthNet's Annual General Meeting as 'delegates' to reinforce their status as representatives of the member organisations. A more recent challenge in 2017 has been how to reinvigorate the TWIGs.

There could be value in the Executive Board exploring what relationship it would like members to have with the partnership and develop a strategy to build on the new structure, change the perception of those who attend the General Meeting and refresh the TWIGs to encourage greater engagement of partners. The challenge may be about how to change the view of the EuroHealthNet Office from being seen as the 'hub' of a network, to a facilitator of a partnership of inter-connected members (more like a rail map rather than a wheel).

What would motivate members to introduce themselves as members of EuroHealthNet outside partnership meetings or add reference to their membership in their documents? It is understood that it is institutions and organisations that may become 'members' of EuroHealthNet, but is there a case for considering individual membership for professionals? Could this also help to enhance 'visibility'?

During the next phase, it is suggested that the evaluation could explore the implementation of such a strategy and look for evidence of activity of members representing EuroHealthNet and taking initiatives to connect with each other, including the TWIGs.

#### **4.6 Enhancing capacity building – Country Exchange Visits**

The Country Exchange Visits (formerly 'Study Visits') are valued by the hosts and all who attend them. It is suggested that greater evidence of the impact of these capacity building events could be collected. In addition to the evaluation that takes place immediately after the event, each participant could be sent a short questionnaire six months after the Country Exchange Visit to find out how whatever learning has taken place has been applied and its impact on policy, practice and/or professional development.

#### **4.7 Nurturing the health and wellbeing of staff**

Conversations with staff as part of the 2017 evaluation highlighted the various factors that influence their health and well-being while working with EuroHealthNet. There were many positive comments, but also a concern about the impact of the high workload. It was suggested that there could be value in undertaking a similar evaluation each year.

One staff member highlighted the role of EuroHealthNet in advocating for healthy workplaces, so it is important that EuroHealthNet plays a leading role by modelling good practice.

If staff are to move to a new office within the next 12 months, the 2017 evaluation of staff perspectives could provide a base line for a comparison of views on the work environment and any changes in work practice that may have taken place in the intervening period.

#### **4.8 Identifying what's 'useful' to learn from the evaluation**

As the Executive Board considers the questions it wishes the next phase of the evaluation to address, it will be important to frame the questions to identify what will be most valuable, useful and feasible within the resources it is prepared to commit.

It will also be important to bear in mind the principles adopted for the 2017 evaluation which included the need to avoid repeated contact with individuals who have already kindly given their time to share their views about EuroHealthNet's programmes, activities and organisation.

If the Executive Board wishes to continue to explore aspects of impact, it is recommended that consideration be given to defining the specific changes it hopes to achieve within the context and with the people with whom it is in contact.

After three years, the evaluator continues to hold the view that a significant dimension of EuroHealthNet is the way it acts as a catalyst to bring about the change it seeks. It is adept and successful in this role, however this quality is a challenging one to evaluate, for it is difficult to attribute an outcome to EuroHealthNet's influence. It may therefore be more useful for the Executive Board to identify where it can demonstrate how it makes a difference at an intermediary level, e.g. its impact on members, staff, partners and stakeholders with whom it has direct contact.

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