

EuroHealthNet

Evaluation Report (2016)

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EuroHealthNet Evaluation Report 2016

"I have brought back several best practice ideas from Italy partners as well as from the UK. In [our] city council welfare department we have implemented several of them, applying for funding from the municipality, as well as from International funding options." [F2]

Comment from a participant following a study visit organised by EuroHealthNet

5. INTRODUCTION

This report provides an evaluation of elements of EuroHealthNet's programmes activities and organisation during 2016 for consideration by the Executive Board meeting in February 2017.

The Evaluation Report (Year 2) 2015 proposed several components to be included in the evaluation in 2016. In consultation with the Managing Director specific evaluation activities were selected to focus on particular aspects of EuroHealthNet's activities; avoid re-contacting individuals who had been consulted in the previous year and obtain new perspectives.

During 2015 the evaluation had a strong 'internal' focus, gathering views from those most closely involved in EuroHealthNet. In 2016 the views of those who have experience of working with EuroHealthNet, but are not members or partners have been sought. This has included readers of Health Highlights and partners in collaborations within which EuroHealthNet has played a significant role (including the INHERIT project).

The process adopted for the evaluation has been iterative, using an action research methodology. Consistent with this approach, the material generated from each component was written up and a report on each one submitted to EuroHealthNet at the earliest opportunity so that the information could inform development and action.

The original Terms of Reference for the evaluation emphasised the desire to explore 'indicators of success' and the 'measurement of impact' of EuroHealthNet's work. Earlier reports have discussed the challenges of describing and identifying evidence of EuroHealthNet's impact. It has been argued that it is not feasible to *quantify* its impact in any meaningful way, but through *qualitative* inquiry the evaluation has sought to gather evidence of the way in which EuroHealthNet to 'champion health and address the social determinants of health'.

This report is not a summary of the individual evaluations in 2016, but highlights evidence of the *impact* of EuroHealthNet's work. It synthesises the material generated by the individual components of the 2016 evaluation using the framework created at the outset of the evaluation that focuses on **impact**.

Reports on each component of the evaluation have been collated into a separate document that accompanies this report, *EuroHealthNet Evaluation (2016) - Component Reports*.

1.1 Questions underpinning the evaluation

During the evaluation attention was given to the questions underpinning the evaluation that were included in the original Terms of Reference:

- Have EuroHealthNet initiatives and projects so far resulted in it being better positioned and equipped to champion health and address social determinants of health in Europe?
- Have partnerships to promote health been strengthened and how have these partnerships contributed to advance the European health and social determinants of health agenda?
- Has there been an increase in the participation of member state health agencies and institutes in the European Semester process and SIP?

- Have stakeholders been actively and meaningfully involved in programmes and initiatives undertaken by EuroHealthNet?
- To what extent has capacity building and training provided by EuroHealthNet resulted in improved operations at regional and national level for achieving health equity?
- What are the lessons learned and recommendations for guiding future EuroHealthNet policies, initiatives and strategy in the coming years?

1.2 EaSI Programme

The Terms of Reference for the independent evaluation highlighted that particular focus should be given to the activities and programmes supported by the Employment and Social Innovation (EaSI) grant (2014-2017). Mindful of this concern, the evaluation has given attention to the actions EuroHealthNet has included in its Annual Work Programme to meet the four priorities of the Framework Partnership Agreement (FPA) between the EC and EuroHealthNet:

Priority 1 – Support the development, implementation, monitoring and evaluation of initiatives undertaken towards policy objectives of Europe 2020 Strategy, the Social Investment Package (SIP) and the Political Guidelines of the new Commission.

Priority 2 – Support stakeholders’ involvement in the policy process: activities should in particular directly relate to the support of national member organisations in their involvement in the implementation of the main political EU-driven processes.

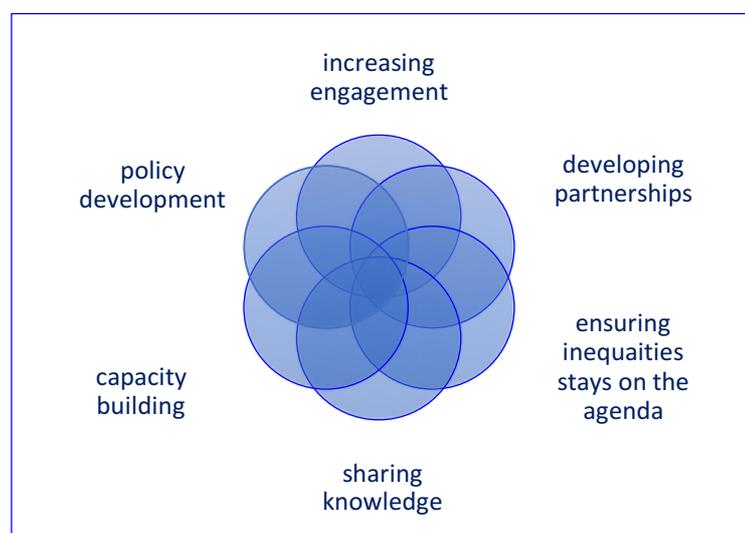
Priority 3 – Strengthen the capacity of EU-level NGO networks and their national members, to support implementation of EU priorities (in the promotion of social inclusion and poverty reduction).

Priority 4 – Providing data and strong evidence base on policy developments and trends as well as collection of relevant information about citizens' concerns and good practices in the social policy field in the Member States, so as to contribute to better policy making.

1.3 Evaluation Framework

The original evaluation and impact assessment plan approved by the Executive Board in April 2015 included a framework to explore how EuroHealthNet makes an impact with six interconnected themes. These themes have continued to guide the evaluation in 2016, but the degree to which each dimension is considered in each year of the evaluation varies.

Making an Impact: interconnecting themes



6. PROCESS

2.1 Year 3 (2016) - Components

In consultation with the Managing Director several components were chosen for the evaluation of EuroHealthNet's work:

- * **Conversations with members at General Council and Annual Meeting**
- * **Study visits**
- * **Health Highlights**
- * **Stakeholders perspectives (non-members)**
- * **EuroHealthNet's co-ordinating role for the INHERIT project**

This section provides a summary of how and when information was gathered for each of these components with a brief synopsis of what was discovered.

Conversations with members at General Council and Annual Meeting

Following the approach adopted in 2015, the evaluator conducted *ad hoc* conversations with members and partners of EuroHealthNet during the refreshments breaks on the two days of the General Meeting.

In 2015 the question asked was, “*What is the value of being involved in EuroHealthNet?*”. In 2016 it was decided to focus more specifically on EuroHealthNet’s role in supporting members and partners to deepen their understanding of EU policies and mechanisms. This reflected in part the expectation within the EU’s Programme for Employment and Social Innovation (EaSI) of EuroHealthNet’s role in supporting stakeholders’ involvement in the policy process at the EU level. Consequently, in 2016 the question asked was, “*How does EuroHealthNet help you and your organisation engage with the EU?*”.

Conversations with participants during the General Meeting reinforce the evidence of the success of EuroHealthNet’s work to support its members and partners to engage with the EU. This is achieved through the information offered and fostering opportunities for networking and collaboration.

Study Visits

The study visits organised by EuroHealthNet were identified by respondents in Year 2 (2015) of the evaluation as a valuable opportunity for sharing practice and learning about new approaches. These activities are identified by EuroHealthNet as contributing to fulfilling the goal of the EaSI programme to encourage activities that involve networking and sharing information to improve policy and practice. Consequently, it was decided to examine the impact of these experiences in greater depth as part of the evaluation in 2016. It should be stressed that the intention was not to evaluate individual study visits, but to discover what impact this type of activity generates.

The six most recent study visits were included in this evaluation:

- Advocacy for Health Equity. *Helsinki, Finland - October 2014*
- Intersectoral approaches for active and healthy ageing. *Florence, Italy - October 2014*
- Health and Social Equity: knowledge, capability and commitment. *Gothenburg, Sweden - October 2015*
- Health Promotion Offices (HPOs). *Budapest, Hungary - November 2015*
- Sustainable Development Approaches to Health and Equity. *Cardiff, Wales - June 2016*
- Cross-sectors Collaboration for Healthy and Active Ageing. *Ljubljana, Slovenia - July 2016*

In September 2016 a questionnaire was sent to all the participants of the six study visits 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.

Responses from the survey revealed that participants have learned many things from their experiences during their study visits. Some respondents had applied what they had learned in their own settings, transferring learning from one location to another. Others had not been able to apply their learning directly in their work, but the experience has nonetheless made an impact on them personally, influencing their attitude and approach to their work.

Health Highlights Survey

The survey of the readers of EuroHealthNet's newsletter, Health Highlights, was originally included in the evaluation to discover the perspective of people who have an interest in the work of EuroHealthNet, but may not be members or partners of the network.

Readers were sent an email in October 2016 inviting them to respond to the survey with a web-link to 'Survey Monkey'. Approximately one thousand readers were contacted, but by the beginning of December only 38 responded. Nonetheless, the responses provided valuable insights into the value readers attribute to EuroHealthNet's newsletter.

Despite the low response, it is evident that readers find Health Highlights useful and offered relevant topics for their work. Several respondents considered that content was well balanced. News from the European Commission was considered most important. Respondents wanted less text and less items, but more content, presenting EuroHealthNet with a difficult challenge to resolve.

The majority alerted colleagues to content, but did not explicitly make use of the information in their reports, nor did they reference EuroHealthNet as a source. Nonetheless, Health Highlights appears to be a unique and comprehensive resource of information that readers would otherwise find it difficult to access.

Stakeholders perspectives (non-members) - interviews

The purpose of this element of the evaluation was to discover the views of organisations that are not members of the network, but have collaborated with EuroHealthNet in projects.

Five individuals were interviewed during the autumn of 2016 to explore their views on EuroHealthNet's role and impact within and through such partnerships. The interviewees represented organisations from different sectors: a university research centre, a NGO, two research units associated with national ministries of health and a regional health body. They were based in different member states: Portugal, UK, Germany, Spain and a European network based in Brussels.

The projects in which they have collaborated with EuroHealthNet are:

- Active Ageing Going Local
- Alliance for Investing in Children
- CHRODIS - Joint Action Chronic Diseases and Promoting Healthy Ageing across the Life Cycle
- DRIVERS for Health Equity
- RARHA - Joint Action on Alcohol Related Harm

EuroHealthNet played a variety of roles within these projects: co-ordinator (DRIVERS), dissemination of project products (RARHA); work package lead (CHRODIS); evaluator (Active Ageing Going Local).

Interviews revealed EuroHealthNet to be regarded as a respected partner, skilful co-ordinator, creative networker, procedural expert, effective communicator and respected advocate in addressing health inequalities. It is seen to be skilful and tenacious in its efforts to prompt action, backing its arguments and respected by officers of the European Commission. Staff of EuroHealthNet are regarded as committed professionals with a 'cool head under pressure.'

Partners' views on EuroHealthNet's co-ordinating role for the INHERIT project

Although it was not part of the original plan for the evaluation in 2106, the opportunity arose to draw upon information gathered for the process evaluation of INHERIT, one of the projects EuroHealthNet co-ordinates. It is funded under the EU's Horizon 2020 programme. The evaluation of INHERIT included interviews with representatives of all 18 partners, including the workpackage leads. As apart if the evaluation all were asked for their views of the co-ordination of the project and it is only this element that has been included in the overall evaluation of EuroHealthNet's work.

Partners in the INHERIT project praised EuroHealthNet's coordination of the project describing it as a professional organisation with substantial experience and expertise. Partners appreciated its responsive to their needs and requests. Several partners have worked with EuroHealthNet on other projects which reinforces a sense of trust and reliability. They expressed how the co-ordination by EuroHealthNet keeps everyone together. EuroHealthNet is considered to have such a positive attitude that it is infectious.

7. MAKING AN IMPACT

3.1 Context

The approach to identifying EuroHealthNet's impact has been exploratory, through the examination of different aspects of its work. The evaluation has attempted to tease out the perspectives of a variety of people to discover how they describe the ways in which EuroHealthNet influences, supports and encourages those who are in a position to effect change can develop policies and programmes to address health inequalities and promote equity.

A few quotations from the component reports have been included. The coding reflects those used in the original report. In addition, the relevant component report is identified by initials that follow each statement:

- GM (General Meeting conversations)
- HH (Health Highlights survey)
- SV (Study Visits survey)
- SH (Stakeholders interviews)
- IN (INHERIT interviews)

3.2 Defining IMPACT

In three of the components of the evaluation interviewees and respondents were explicitly asked about the 'impact' of EuroHealthNet's role and/or activities. The analysis of the responses from each component of the evaluation for 2016 indicate that respondents describe the 'impact' of EuroHealthNet's work in a variety of ways:

IMPACT of 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

A summary of the evidence of impact from the components of the evaluation of EuroHealthNet's work is presented, with areas for consideration and questions that arise from the analysis.

Each section relates to the relevant dimension of the original evaluation framework. As already indicated, not all of the dimensions have been explored in each year of the evaluation.

3.3 Making an IMPACT through policy development & keeping inequalities on the agenda

The survey of the study visits and interviews with partners in collaborative projects revealed EuroHealthNet's impact through policy development and how it champions action to address inequalities. It is evident that those who work with EuroHealthNet and are involved in its activities see it as having a significant impact on supporting and contributing to their efforts to ensure inequalities stays on the European agenda and the development of policies and practice.

"EuroHealthNet helps us to take our issues to a European level. EuroHealthNet is our window to Europe ... When we have issues and we want to promote them to the European level we go through EuroHealthNet, we are advised on the best channels and the best way to highlight our issues ... they will be there not only to show us the way, but show us how best to do it and at times do it as well."

HPE member [6] GM

"They also have the ear of the European Commission, not in a buddy-buddy way ... it is almost as if they were the thorn in the European Commission's side ... but a thorn that is highly respected and a thorn that is much needed. I think that the European Commission recognise that as well ... because EuroHealthNet is an organisation that makes the European Commission sit up and listen."

[S3] SH

The survey revealed that participants on the study visits not only learned about policies and practice that addressed health inequalities but have been inspired to apply what they have observed into their own settings. Stakeholders who have worked with EuroHealthNet as partners in collaborations value its role in enhancing the impact of the projects in the various roles that EuroHealthNet adopts.

Evidence from component reports:

- The experience of study visit led to new impetus and strategies in policy development at national level and advising municipalities to address health inequalities at a local level. SV
- Study visits empower some participants to make their case to forge collaboration across political departments in their own setting. SV
- Seeing 'policy in action' has inspired bi-lateral exchange to learn from one nation to develop policy in another. SV
- EuroHealthNet has the reputation of being unwavering in its advocacy to address inequalities. It is seen to be tenacious in its efforts to prompt action, backing its arguments with evidence. SH
- It is recognised as working with a range of stakeholders. In discussions with a strong social focus around poverty, social exclusion, discrimination and the rights of people with disabilities, EuroHealthNet makes a distinctive contribution by highlighting links with health. SH
- EuroHealthNet is seen to be effective because it is respected within the academic community and has the ability to facilitate a process that translates the knowledge derived from research into policy. SH
- EuroHealthNet is considered to have an impact on policies and legislation through its contributions to consultations initiated by the EC. SH
- The impact of EuroHealthNet is seen to derive from the respect with which it is held by the EC. Interviewees consider that it well connected and that officers of the EC listen to what it says. The relationship is recognised as professional, but not uncritical. SH
- Respondents to the Health Highlights survey indicated that the newsletter had the potential to have a greater impact. Reference was explicitly made to enhancing knowledge on policy,
"It makes me and my co-workers update on public health on EU level, and in other European countries - both on policy and strategy development and on measures to improve public health and wellbeing and to reduce social inequalities in health." HH

Areas/questions for consideration

- EuroHealthNet has a powerful reputation. How can it use its status and reputation to extend and strengthen alliances committed to addressing health inequalities and the promotion of equity in Europe?
- How can EuroHealthNet use its reputation enhance its profile and extend its reach and recognition beyond those who already recognise the value of its work?
- Conversations at the General Meeting would indicate that members/partners of EuroHealthNet would value greater institutional and country-specific advice.
- Readers of HealthHighlights could be invited to suggest a topic that could be a feature or theme for a future edition of the newsletter.
- Study visits are an effective means of inspiring the transfer of policy and practice from one member state to another. Could the number of study visits each year be increased?
- It is recommended that participants on study visits should be sent a questionnaire 12 months after their study visit to ask how they have applied what they have learned and the impact their experience has had on their work. This could provide further evidence of impact.

3.4 Making an IMPACT through capacity building and sharing knowledge

Study visits were the only capacity-building initiative explored during the evaluation in 2016. Comments from members at EuroHealthNet's General Meeting and the survey of the study visits provide evidence of EuroHealthNet's impact on individuals and organisations through its capacity-building activities.

"I think this study tour has had a very big impact on my work and my attitude to healthy ageing, both on a professional as well as on a personal level, because I realised that there are so many possibilities and options to be involved in such activities for healthy ageing, and also research has a big importance on this topic. We have been planning several activities in the future on healthy ageing in our organisation." [F2] SV

Evidence from component reports:

- Many members and partners consider themselves better informed about the EU than their nation's ministries, which contact them to get information about EU policies, mechanisms and developments. GM
- EuroHealthNet is seen as the primary source of advice to identify channels to promote the work of member/partner organisations at the European level. GM
- Association with a project co-ordinated by EuroHealthNet can raise the status of a department within an organisation, enhancing its role and effectiveness. GM
- The series of consultative small group discussions at the General Meeting on the European Pillar of Social Rights, statements on Health Promotion and the Sustainable Development Goals and TWIGS enabled participants to enhance their learning and be actively involved in developments. GM
- The study visits have enabled participants to enhance their learning through hearing presentations, visiting projects and observing policy meetings. These experiences have facilitated new understanding, new insights and new approaches. GM and SV
- The visits provided valued opportunities to meet experts face-to-face and contact with other agencies, institutes and research centres
- Participants valued learning about specific policies and practice, supported by extensive, evidence-based information on how approaches can improve the health of a population and reduce health inequalities. SV
- Study visits have given members the opportunity to gain a better understanding of different health and social care systems, contrasting central and localised administration. Comparisons have helped some to assess the quality of their own approaches. SV
- Observing different models of collaboration has proved inspiring. They have generated ideas to enhance the capacity for dialogue between different stakeholders; links between the public and private sectors; impetus for active research of the needs of vulnerable groups to facilitate access to services. SV
- Visits to projects have provided examples of concrete actions that seek to address health inequalities representing 'best practice'. Such opportunities enable participants to consider the effect of context to the success of an intervention so they can assess the role of local factors when considering its application to a new setting. SV
- The study visits provide protected time and space, free of distraction, to meet with people from other member states to share experiences, discuss and debate ideas, and reflect on their practice. SV
- Following a study visit many participants share their experiences and what they have learned with colleagues within their organisation and their field of practise. This may take the form of contributions to meetings; convening specific meetings on topics; writing a blog; and including examples in lectures. SV
- Study visits have inspired the transfer of ideas from one member state to another (e.g. time banking and a helpline for the elderly). SV
- For participants from some Member States, the differences in resources available in their country make it challenging to apply what they learn from a study visit. SV
- The majority of respondents in the Health Highlights survey indicated that they alerted colleagues to the range of information provided in EuroHealthNet's newsletter. HH

Areas/questions for consideration

- The study visits not only provide participants with an opportunity to acquire knowledge and network with people from other Member States, but also inspire them to apply what they learn in the development of partnerships, policies and practice. Expanding and enhancing this programme could be an effective vehicle for transferring innovation between Member States.
- What could be a constructive follow-up to each site visit to capture the impact of what participants learn and apply in their setting?
- Responses to the Health Highlights survey indicate that there is a wider circulation beyond the mailing list. If this could be calculated it could provide evidence not only of the wider reach of EuroHealthNet, but also an indicator of the value attributed to the newsletter.

3.5 Making an IMPACT through increasing engagement and developing partnerships

Interviews with stakeholders who have been partners of projects with EuroHealthNet and conversations with members of the Network during the General Meeting demonstrate EuroHealthNet's impact through enhancing networking, effective co-ordination of projects and facilitating partnership working.

"They have a very, very highly thought of reputation. To have them as a partner within a project is a very, very attractive offer. That is because they have a massive successful track record, they also have known times of failing and they know how to learn from that and that is very, very important. They have such a wide reach. So anything that they learn, take, input, provide to a project they have the opportunity to disseminate that at their yearly Council." [S3] SH

Evidence from component reports:

- Participants who do not work directly within the health or health promotion field value their association with EuroHealthNet. They appreciate the information and contacts which are relevant to their core interests (e.g. employment and education). GM
- EuroHealthNet's role in facilitating opportunities for networking and collaboration on EU funded projects is seen as a significant benefit of membership. GM
- Participation in projects co-ordinated by EuroHealthNet can break a sense of isolation and facilitate trust between partners from different Member States to engage in mutual critical reflection on their work. The process is seen as stimulating, informative and fun! GM
- The half-day conference preceding the General Meeting attracted participants from the private sector, indicating greater multi-sector involvement in EuroHealthNet's activities. GM
- EuroHealthNet is seen as an active, reliable contributor in its collaborations with other partners whatever role it takes on. SH
- Partners in projects regard EuroHealthNet highly, seeing its involvement in any partnership as a significant asset due to their experience and track record of success. SH
- EuroHealthNet is seen as an astute, skilful co-ordinator, able to select, shape and support a strong consortium and exercise diplomacy in keeping everyone on track. SH
- Individuals and organisations working in different settings and professional cultures respect EuroHealthNet for its consummate skill of bringing people from different sectors into a productive collaborative venture with a common purpose. SH
- The knowledge, skill and experience of EuroHealthNet in understanding the procedures of European Commission (EC) are highly valued. Partners recognise its expertise as a product of the accumulation of many years of working with the EC and its programmes. SH
- EuroHealthNet is regarded as an organisation that has strong communication skills. As evidence of this, reference was made to its website which was described as well known and widely accessed. SH

- EuroHealthNet is regarded as a very open organisation that genuinely values the views and contributions of its partners in whatever role it plays within a consortium. It actively listens and takes on board ideas. SH
- EuroHealthNet's role in disseminating information, reports and key messages to policy makers is seen to be crucial to the success of projects. It has the knowledge, expertise and contacts to not only reach the target audience, but also valuable skills in organising and facilitating events. SH
- The staff of EuroHealthNet are regarded as highly professional in their approach. Their knowledge, expertise, responsiveness and support is highly valued. They are regarded as always up to date on issues. SH
- Partners of the INHERIT project are fulsome in their praise of EuroHealthNet's coordination of the project describing it as: professional, competent, experienced, efficient, responsive, appreciative, problem-solving, patient, polite, friendly, amazing, impressive, perfect. IN
- Partners of INHERIT expressed how the co-ordination by EuroHealthNet has brought everyone together and keeps everyone together. EuroHealthNet is considered to have such a positive attitude that it is infectious. IN
- Several partners have worked with EuroHealthNet on other projects which reinforces a sense of trust and reliability. IN
- INHERIT's kick-off meeting and Project Steering Group meeting were considered to be well organised with a good atmosphere, time to 'touch base', get to know everyone and engage in constructive conversations. Partners left feeling the experience was worthwhile. IN

Areas/questions for consideration

- EuroHealthNet is highly respected and trusted by its members and the partners with which it collaborates in various projects. Both what is done and how it is done is seen as exemplary. From the evidence of the components of the 2016 Evaluation no one expects EuroHealthNet to change its approach or to do more.
- Consequently, the challenge for EuroHealthNet may be how to sustain the quality of what is already being achieved.
- How can the health and resilience of the organisation and its staff be nurtured in a challenging European and international context?
- Is there a desire to expand and extend the reach of EuroHealthNet to increase its membership? If so, who would be the target sectors and organisations?
- Is there a desire to forge new partnerships with other networks? If so what would these be, or is this a period to consolidate current partnerships?

3.6 Making an IMPACT - through enhancing EuroHealthNet's visibility and profile

In the 2015 Evaluation Report the issue of EuroHealthNet's visibility and profile was raised. It was suggested that EuroHealthNet should give attention to investing in promoting its 'brand'. Enhancing the profile of EuroHealthNet was seen as key to its long-term survival and success.

The issue was not raised explicitly in components of the evaluation in 2016, nonetheless, comments from respondents to the Health Highlights survey indicate that the newsletter could have greater impact and thereby play a more effective role in raising the profile of EuroHealthNet.

Respondents to Health Highlights survey were asked about the impact the newsletter has on their work. Comments ranged from 'no impact' to 'a great impact'. Two respondents suggested that although its impact was limited it had the potential to make a bigger impact.

'Impact' was deliberately not defined in the questionnaire, but the comments offered indicated that where there was impact this related to increased knowledge and awareness of what was happening at an EU level and the experience of other countries and international bodies.

- Most of the respondents indicated that they did not use the information in their reports and documents and do not reference EuroHealthNet. This is perhaps surprising when respondents state they find EuroHealthNet's newsletter useful, want more content and also pass it on to their colleagues. HH
- Many stated that it would be difficult to find the information that Health Highlights provides elsewhere. It was evident that the newsletter provides a unique resource that brings together news from multiple sources that readers would otherwise find very difficult to find. Other sources were suggested, but none provided the comprehensive coverage of Health Highlights. HH

Areas/questions for consideration

- There may be value in reflecting on how EuroHealthNet hopes readers will use the information from the newsletter in order to assess the impact of Health Highlights.
- There may be value in including a prominent statement in Health Highlights encouraging readers to cite the newsletter and/or EuroHealthNet when they use information from Health Highlights in their internal reports and any documents for wider circulation.
- If readers of the newsletter recorded references to Health Highlights and/or EuroHealthNet in their documents this could help to raise EuroHealthNet's profile and be a helpful contribution to the evidence of EuroHealth's impact. However, there would be challenges in collecting this data.
- Given the unique role of Health Highlights, consideration could be given to how to secure greater recognition of its status as the 'go-to' publication for news on policy and interventions relevant to addressing health inequalities.
- The comments that suggest that Health Highlight has the potential to have a greater impact raises the questions of *how* it can have a greater impact and who should be the prime focus?
- At EuroHealthNet's next General Meeting some time could be set aside for small group discussions on alternative new designs. The groups could be organised around professional roles and/or organisations to check that the design meets their specific needs.
- EuroHealthNet has established a relationship with specialist communications agency, Revolve for its INHERIT project. Could they be consulted on the design of Health Highlights?

3.7 EuroHealthNet governance and membership

The primary focus of this report has been on evidence of impact of EuroHealthNet's activities from the component reports. However, in addition it may be helpful for the Executive Board to consider elements of the views of members and the evaluator's observations at the General Meeting:

- The views of some members indicated that members/partners need to play a more active role within the network and not leave it to the EuroHealthNet Office to take the initiative. Nonetheless, many members/organisations have to prioritise national and local initiatives leaving little time to devote to international work. GM
- It appears that the concept and status of 'delegate' may be useful to encourage members to recognise their role as a representative of their organisation

Areas/questions for consideration

- * Members may benefit from explicit guidelines on the implications of delegate status. GM

8. PROGRESSING THE EVALUATION (for 2017)

Proposals are offered for the components for the fourth and final year of the evaluation of EuroHealthNet's work for 2017.

4.1 Reviewing the questions underpinning the evaluation

The evaluator is mindful of the aims and questions underpinning the original terms of reference which have shaped the evaluation to date. It is inevitable over the period of a project that aims and objectives will need to be reviewed, not least due to changes in the context within which a project is operating. Consequently, it would be helpful to the evaluator to receive direction as to whether the original questions (see below) remain current or need to be modified.

Questions underpinning the evaluation

During the evaluation attention was given to the questions underpinning the evaluation that were included in the original Terms of Reference:

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

The evaluator is aware that since the evaluation began the political context in Europe has entered a state of flux and that EuroHealthNet will be re-applying for a core grant from 2018-2020. These factors are likely to influence the priorities for the evaluation in 2017.

4.2 Building on previous evaluations

Before presenting proposals for the 2017 Evaluation, a summary of the elements and themes of the evaluation of 2015 and 2016 are listed:

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

4.3 Principles to underpin the approach to the evaluation of EuroHealthNet 2017

- The evaluation is dependent on the goodwill of those approached to share their views about EuroHealthNet to an evaluator commissioned by EuroHealthNet. Consequently, it is essential to:
 - retain the trust of those contacted and preserve the anonymity of their comments while securing their agreement to being named in a list of respondents/interviewees.
- Avoid re-contacting individuals through another evaluation component to ensure that the evaluation process does not become an irritation.
- The methodology is based on an action research approach so that any issues that are identified through the evaluation are brought to the attention of the Managing Director at the earliest opportunity.
- The new information gathered in 2017 should complement and build upon the knowledge gained from the evaluations in 2015 and 2016 and avoid duplication (but may aid triangulation).
- Identify gaps in the evaluation to cover areas and aspects that have not already been considered to ensure that the original aims and questions for the evaluation have been addressed (if these are considered to still be appropriate).
- The choice of components should hold the prospect of identifying evidence that illustrates EuroHealthNet's work which could be used to inform recommendations for guiding future EuroHealthNet policies, initiatives and strategy in the coming years.

8.4 Proposed Components for 2017

Conversations with members/partners at EuroHealthNet's General Meeting in 2017

In previous years, the General Meeting has been a useful opportunity to capture the views of members/partners. It is suggested that this element is also included in 2017 to retain the continuity of this component of the evaluation. The method also captures the views of members in a way that is least demanding for them as no additional arrangements or time is required from respondents. It is also a relatively efficient way of gathering views from a number of people in a short period.

Each year members have been asked a different question. In 2017 the precise question will be agreed with the Managing Director, but it is proposed that this should not be decided until a week or so before the General Meeting to ensure that it is the most useful and appropriate question to ask at the time.

As an example, the question to members/partners in 2017 could be along the lines of:

"Given the current changes in Europe what can EuroHealthNet do together with you to place addressing health inequalities high on the European and your national agenda?"

Staff Interviews on resilience and support

The Terms of Reference require 'an independent evaluation and impact assessment of EuroHealthNet's programmes, activities *and the organisation as a whole*' (evaluator's emphasis). It is perhaps conspicuous by its absence that the evaluation has not yet included the key individuals in the EuroHealthNet Office. Comments from across the different evaluation components consistently praise the competence and professionalism of staff. The evaluation has also identified a caring concern for the health and wellbeing of EuroHealthNet's staff.

Consequently, it is proposed to conduct anonymised interviews with each member of staff during 2017 to identify what they consider to be needed to support and sustain the high quality of work already being achieved by EuroHealthNet. [n.b. A cheetah can run at 120 km per hour, but they don't do it all the time.]

Role and Functioning of Executive Board

The Executive Board have requested the inclusion of an evaluation of the role and functioning of the Executive Board, specifically in relation to the relationship with the EuroHealthNet Office and the Managing Director. When the evaluator has consulted members/partners and stakeholders through interviews and surveys it has not always been clear to what or whom individuals have been referring to when asked for their views on EuroHealthNet. Sometimes it appears that they are referring to the wider 'network', or the 'organisation' represented by EuroHealthNet's Office. Often, they appear to have in mind a specific individual staff member of EuroHealthNet's with whom they have worked closely and often the Managing Director herself is mentioned. Nonetheless, the evaluator does not think such an ambiguity is a problem, it may even be a strength.

Apart from the General Meeting it is not clear whether many members/partners or other stakeholders have much, if any, direct contact with members of the Executive Board in their role. It appears that the primary interface with EuroHealthNet is through the Managing Director and the Office staff, so few people may consider the role and valuable work of the Executive Board itself. The Executive Board is 'one step removed' from the day-to-day contact between stakeholders and EuroHealthNet. Nonetheless, it is likely that members/partners simply feel that EuroHealthNet is in safe hands with the current Executive Board. The only issue that has emerged in the evaluation that appears to have been mentioned in relation to the Board is the financial security and sustainability of EuroHealthNet.

The evaluation may provide an opportunity to explore the relationship between these three key 'facets' of EuroHealthNet. However, there would be value in exploring with members of the Executive Board what question(s) they are seeking to answer that relate to the goals of the overall evaluation. To date no respondent has expressed a concern about how the Executive Board is working and no criticism has been made whatsoever about staff or the Managing Director, to the contrary, only praise.

Consequently, the issue about the role and function of the Executive Board may be more of an internal matter and could be explored through interviews with staff (in the element above), the Managing Director and with individual members of the Executive Board. After these interviews questions might emerge that could be presented to the wider membership through a short email survey.

The evaluator is reluctant to initiate another survey or series of interviews with members/partners, as individuals have already been consulted on various aspects of EuroHealthNet's work during earlier phases of this evaluation.

Documenting impact

It could be a useful exercise to track what if any changes have taken place following EuroHealthNet's contribution to consultations on the EU's policy initiatives. It will not be possible to demonstrate cause and effect, but if the points EuroHealthNet have raised appear later in a policy document this could be indicative of influence and impact, even where other organisations have raised the same point. It will not be feasible for the evaluator to undertake this exercise, but if the material could be gathered by the EuroHealthNet Office and presented to the evaluator as an independent observer then an impartial view of the material and evidence could be included in the final report.

The Managing Director has already brought to the attention of the evaluator several examples of evidence of EuroHealthNet's impact. Emails from people in different Member States and from different types of organisations illustrate how they have sought out the expertise of EuroHealthNet. Clearly, the evaluator will be dependent on the selection of material sent by the Managing Director, but the emails and similar documentation provides explicit direct evidence and can be collected as a sample over an agreed, defined period.

TWIGS

In the 2015 evaluation members and partners identified the Technical Working Groups (TWIGS) as a creative and relevant way of reinforcing vertical and horizontal cohesion within the network. In 2016 it was considered too early in the development of these new working groups to include them in the evaluation. Since then it is understood that the TWIGS have been reduced from six to four, but requests have been made for the creation of additional TWIGS.

Despite the evident interest in this innovative initiative, the TWIGS appear not to be realising their potential. It therefore seems reasonable to explore why and how they might be re-invigorated to have greater impact. This does not appear to be a structure that can be sustained by staff of EuroHealthNet given the other demands on their time. It may be that only one or two 'take off', led by a 'champion' from EuroHealthNet's membership with others to follow in the future.

It is therefore suggested that two members of each of the current four TWIGS could be interviewed to discover the added value EuroHealthNet provides by bringing together experts within its membership to focus on health-related priorities. Those who have requested the development of new TWIGS could also be contacted to explore their reasons for approaching EuroHealthNet to establish such groups. The interviews could also help to explore how to enhance their effectiveness through greater engagement of members and reducing the demands on EuroHealthNet's staff.

Case Studies

In 2017 it is proposed to collect evidence of the impact of EuroHealthNet's work through the collection of narratives from members and partners of specific events and activities that contribute to addressing health inequalities and the promotion of equity through the development or changes in policy and practice.

- * The Study Visits survey revealed several examples of projects and policy initiatives that had been initiated by participants following their experiences and the contacts they had made during the visits. However, the agreement on anonymity meant that it was not possible to name the individual, organisation, nation or specific initiative in the evaluation report. Nonetheless, the individuals could be re-contacted by the evaluator with a request to not only name the initiative, but to also conduct an interview with the individual. If agreed, a short case study could be written up (no more than a page), checked with the individual and included in the 2017 evaluation report.
- * Similarly, additional initiatives that emerged from other components of both 2015 and 2016 could be identified that illustrate the tangible evidence of EuroHealthNet's impact that derives from the EC's investment through the EaSI programme.
- * It is understood that EuroHealthNet has worked in some Member States to support the implementation of elements of SIP and country-specific recommendations (CSR) arising from the European Semester process. It is suggested that the value and impact of EuroHealthNet's role could be explored as an element of the evaluation. It may be possible to develop short case studies to identify the impact of EuroHealthNet' role.

The number and criteria for the selection of these 'case studies' would be agreed in consultation with EuroHealthNet's Managing Director.

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