

EuroHealthNet

Evaluation Report (2017)

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EuroHealthNet Evaluation Report 2017

1. INTRODUCTION

This report is the third and final report in a series of annual evaluations that have taken place during the period covered by EuroHealthNet’s EaSI grant agreement with the European Commission (EC).

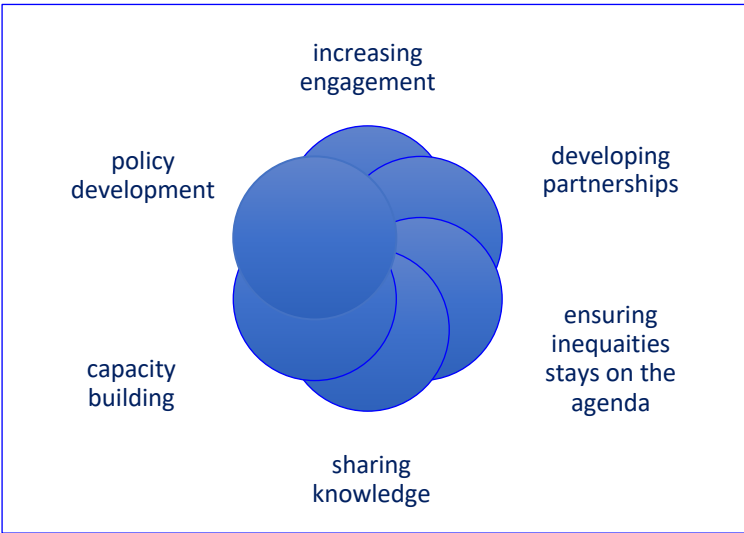
In a similar way to the report on the evaluation of 2016, this report provides a summary of what has emerged from the components of the evaluation study for 2017. It also seeks to tease out themes that have emerged across these elements. Separate reports are available on each component of the evaluation.

The process has continued to apply an action research approach through close consultation with the Director to ensure the relevance of the choice of components and to feedback emergent issues at the earliest opportunity. A qualitative methodology has been used throughout to capture the views of members of the partnership and staff on aspects of EuroHealthNet’s activities and organisation.

As this is the final year of the EaSI grant agreement this report will be complemented by another report that provides an overview of the evaluation across the period to address the questions underpinning the evaluation.

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 have continued to guide the evaluation in 2017.

Making an Impact: interconnecting themes



1.1 Principles underpinning approach to evaluation in 2017

After two years of evaluation many people associated with EuroHealthNet have been contacted. This included Members of the partnership, external stakeholders and readers of Health Highlights. It was therefore considered important to avoid making further demands on people who had already kindly made time to share their views on the work of EuroHealthNet.

Consequently, the evaluator proposed principles to guide the approach to the evaluation in 2017:

1. 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.
2. 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 Director at the earliest opportunity.
3. 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).
4. 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).
5. 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.

2. PROCESS

2.1 Year 4 (2017) - Components

The Evaluation 2016 Report proposed components for the evaluation of EuroHealthNet's work in 2017:

- * **Conversations with members at General Council and Annual Meeting**
- * **Staff Perspectives**
- * **TWIGs**
- * **Visibility and Impact**
- * **Case Studies**

This section provides a summary of the purpose and approach adopted for each of these components with a brief synopsis of key points.

Conversations with Members at General Council and Annual Meeting

Each year the evaluator has engaged in brief conversations with members during the short breaks at EuroHealthNet's Annual and General Council Meeting. In 2017 the question agreed with the Director was, *"How can EuroHealthNet support you to keep health inequalities high on your national agenda and in Europe?"*. Conversations took place with 19 members representing 14 countries.

The support members wanted from EuroHealthNet included:

- Providing concrete examples through country exchange visits, seminars and Health Highlights.
- Advising on transferring practice from country to country, region or municipality.
- Identifying priorities for action.
- Disseminating news from the EU and WHO to alert members to policies.
- Facilitating networking and mutual exchange between members of EuroHealthNet.
- Exploring wider collaborations with organisations and networks outside public health.
- Providing advice on contacts who have expertise or interested in joining a collaboration
- Building consortia and co-ordinating projects
- Facilitating a collective voice at the EU level to represent members.
- Strengthening the status and work of members through their association with EuroHealthNet.

2.2 Staff Perspectives

During the evaluation of in 2016 members of the partnership commented on the professionalism of staff of EuroHealthNet and expressed concern about their health and wellbeing in the knowledge of their work demands. It was therefore decided to include a component in the evaluation that sought the views of staff on their experience of working for EuroHealthNet. All staff, the Director and the Senior Policy Adviser were interviewed.

Staff enjoyed various aspects of working for EuroHealthNet:

- Focus and diversity of the work - shared values and commitment, stimulus for learning.
- Organisational culture - flat hierarchy, openness, mutual appreciation and support.
- Working environment - open, positive interaction.
- Process and impact - ownership of work from inception to implementation, making a difference.

Staff identified what they considered to be EuroHealthNet's most important recent achievements:

- Identity - what matters is that EuroHealthNet is talked about.
- Visibility - the Director's presence at European and international events.
- Reputation - EuroHealthNet is seen as honest and trustworthy with skills and integrity.
- Recognition - EuroHealthNet is well known within the EC and receives invitations to meetings.
- Influential - people listen to EuroHealthNet, it is persistent in promoting health equity.
- Publications - its reports and policy précises are valued.
- Strategic - the Director is seen as proactive in identifying opportunities.
- Relationships - networking and developing contacts help promote EuroHealthNet.

Staff also highlighted several challenges: being a critical voice; the need for vigilance in a competitive environment; the importance of maintaining and enhancing its profile to secure resources; the need for staff to have time to engage in networking opportunities in Brussels; the importance of members responding to consultations and requests for information.

In response to the issue of the health and wellbeing of staff, various factors were identified:

- Working relationships - good atmosphere, shared values, mutual trust and respect.
- Open plan office - shared space has positive and negative aspects.
- Working environment - currently unhealthy, looking forward to moving offices.
- Workload - commitment to quality, but huge volume of work, stressful.
- Flexible working - value opportunity to work at home.
- Recuperation of time - time off in lieu valued, important to staff morale.
- Managing quality - shared commitment to high quality generates pressure.
- Sickness - conscientious staff, may need encouragement to take time off.
- Management - informality appreciated, value support and advice from the Director.
- Communication - need for additional smaller meetings.
- Staff training - previous training valued, additional away half-day could be useful.
- Director's wellbeing - staff see maintaining her health and wellbeing as important.

The move to new offices will hopefully improve the working environment, but could also provide an opportunity to review working practices to improve the quality of life for staff while maintaining the quality of work and enhancing EuroHealthNet's visibility.

2.3 TWIGs

In the evaluation in 2015 members and partners identified the Thematic Working Groups (TWIGs) as a creative and relevant way of reinforcing vertical and horizontal cohesion within the partnership. In 2016 it was considered too early in the development of the TWIGs to include them in the evaluation. As an interest in this innovative structure had emerged from the evaluation it was decided to include the TWIGs as a component in 2017. By this time the number of TWIGs had been reduced from six to four: Health Systems, Healthy Ageing, Mental Health and Non-Communicable Diseases (incorporating Tobacco).

A short questionnaire was sent to all those on EuroHealthNet's database. Some individuals were members of more than one TWIG, so action was taken to avoid duplication when mailing. Of the 97 who were sent the questionnaire 30 people responded from 14 organisations. The majority of respondents were from the Mental Health and Non-Communicable Diseases TWIGs.

Respondents identified various benefits of TWIG membership that included: news of what is happening at the EU level on their theme; latest information about studies, publications, research, policy activities, conferences, workshops, calls for proposals; projects and initiatives in international settings; identifying experts in the field; preparing joint projects in response to calls for funding, research and interventions.

Members see the potential of their TWIGs to share practice and experience and views that lead to the identification of areas in which they can actively engage in a collaborative project. If a stable group of researchers and stakeholders can be created for a TWIG they could be a 'powerhouse' in their field.

Ideas to improve communication and effectiveness of the TWIGs included a 'kick-off meeting' that brought members together to get to know each other, build relationships that could sustain the TWIG in the longer term. This could be followed by a series of webinars that stimulate interest and ongoing engagement. Many members do not know who else is in their TWIG, so an important first stage will be to circulate a list of members and invite them to submit a brief statement of their professional background, interest and expectations of the TWIG.

It was recommended that TWIG members are informed who is in their TWIG; who leads it; what can be expected from TWIG membership and what is expected of them. They would like a clear focus with a programme of activities or tasks and possible outputs. A range of topics were identified for each of the four TWIGs. Two respondents offered to take on the leadership of two TWIGs.

The challenge for EuroHealthNet is how the TWIGs can be supported. There may be potential in approaching a member organisation to 'host' a TWIG for a defined period (e.g. 12 months) and for leadership of a TWIG to rotate between members. It may be appropriate to review the remit and terms of reference of the TWIGs and recognise that each TWIG may configure itself in different ways.

2.4 Visibility and Impact

Members of the partnership and staff have commented on the importance of raising EuroHealthNet's profile and its success in increasing its visibility and influence within Europe. It was proposed that information about events to which the Director, staff and Executive Board members had been invited could provide an indication of the status of EuroHealthNet and its influence.

Consequently, the President of EuroHealthNet, Director, Senior Policy Advisor and staff were asked to provide examples of when they had been invited to attend meeting, workshops, conferences and in what role since 1 January 2017. They were also asked about requests they had received for information or advice from people outside of the partnership.

Earlier in the year, the Director provided some examples of the emails she had received which illustrate how people from several Member States have sought out her expertise in a very short time period and the range of enquirers: a city Mayor from Italy asking to consult her; a European Foundation asking for a presentation; a delegation from a regional government in Spain seeking her perspective on 'the realities in Europe'; a Norwegian delegation from an academic institution wishing to consult her on funding and collaboration in Europe and news of how a new CIRI partner had publicised its association with EuroHealthNet and how this has spread.

Information received from the President, Director and Senior Policy Co-ordinator show that a variety of people outside EuroHealthNet have made requests for information and sent invitations to attend significant events, with reactions to press releases, etc.

The examples below illustrate high level involvement at national and European meetings by EuroHealthNet's President, Director and Senior Policy Advisor. The profile of EuroHealthNet is also elevated by articles authored by the President in important journals. Endorsement of statements by European level organisations and support from senior EU officials also indicate that EuroHealthNet gets noticed at a high level.

Contributions to Conferences and Meetings

- DG SANTE - Meeting of Expert Group on Social Determinants and Health Inequalities, Contribution from Director – Joint Statement on Health Inequalities (March 2017).
- EuroHealthNet's Senior Policy Adviser as a member of a panel with the European Commissioner to discuss 'The Future of Healthcare' at the European Business Summit (May 2017).
- Contributions from the President and Senior Policy Advisor at a 'High Level Workshop' for policy makers dialogue on 'Health in All Policies - a better future for Europe' at the European Health Forum Gastein (October 2017).
- EuroHealthNet President as panel member with the president and secretary of European Public Health (EPH) and DG Sante Principal Adviser for Health and Crisis Management for a round table discussion on 'Upholding public research, policy and practice in a future European Union' (November 2017).

Chairing meetings

- Director invited by DG Research & Innovation to chair a session for health systems researchers at a 'Public Health Research Day'. (February 2017).
- Director of EuroHealthNet invited by the Belgian Ministry of Health to moderate a panel debate and public discussion on 'A One Health approach for Anti-Microbial Resistance (AMR) in Belgium and in the FPS Health Food Chain Safety and Environment' (November 2017)

Feedback on presentations

- Email from a Senior Policy Advisor in Health and Social Care, Sweden Association of Local Authorities and Regions, conveying appreciation for information and tips on good contacts given at a convention (April 2017).
- Email following up a presentation at a workshop hosted by NIJZ and the WHO country office in Slovenia (October 2017).

Authors of publications

- EuroHealthNet President as co-author of article in the European Journal of Public Health, 'What is the Future of Public Health Policy' within the European Union?' with presidents of EUPHA, EPH and ASPHER (2017).
- EuroHealthNet President contributor to 'viewpoints' on Health in All Policies in article for Gastein Special Issue of 'EuroHealth', Quarterly of the European Observatory on Health Systems and Policies (2017).

Messages of support

- Tweet from Vytenis Andriukaitis, the EU Commissioner for Health, thanking EuroHealthNet for support in 'pushing health on the social agenda' after a press release (April 2017).
- Email from the European Forum for Primary Care (EFPC) supporting EuroHealthNet's position on the EC's proposal for a European Pillar of Social Rights and declaring it would disseminate the statement (April 2017).

Publicity

- Dods EU Monitoring Alert for 31/01/2017 – reference to meeting of DG SANTE Expert Group on Social Determinants and Health Inequalities, including contribution from Director (see above).

Requests for information

- An inquiry from a Belgian insurance fund asking for information about the German Prevention Act after reading about it in Health Highlights. (October 2017).

What the evaluator has received are only examples of the types of events and activity that are indicative of the status and reputation of EuroHealthNet. It is proposed that a systematic approach be adopted to collect information about each and every enquiry and invitation from an external source. This can be periodically collated to identify who has contacted EuroHealthNet and the types of requests and invitations.

Ideally, it would be helpful to undertake some follow up to record what happens after an event or press release as evidence of EuroHealthNet's influence and impact. This might include requesting a copy of the organisation's evaluation of an event where EuroHealthNet has chaired a meeting, led a workshop, given a presentation.

2.5 Case Studies

The final component of the evaluation for 2017 are case studies to illustrate the impact of EuroHealthNet in the work of a few individuals. In consultation with the Director four members were identified who might offer an interesting narrative of their involvement in the partnership and the difference their association with EuroHealthNet had made.

Two of the interviewees are current members of EuroHealthNet's Executive Board and one is a former member. All four interviews took place in November 2017. The interviews reveal the important role EuroHealthNet has played in the professional lives of the individuals and the influence this has had on their work. For some this has occurred over several years and shows how EuroHealthNet provides crucial information, support and advice to key individuals and help them spread their learning within their organisation. In turn, the knowledge and skills they acquire has been used to develop and enhance policies and programmes to address health inequalities in their Member State..

Through their relationship with EuroHealthNet these individuals are also able to support their institutions to share ideas and engage in joint projects with European partners. The partnership also provides a vehicle for these individuals to raise issues on behalf of their organisations that they consider need to be addressed at the EU level.

The case studies show that the way in which EuroHealthNet has supported these individuals is multi-faceted:

- Empowering agents of change
- Enhancing expertise through capacity building
- Opening doors that facilitate access to EU structures and resources
- Targeted support that encourages an inter-sector approach
- Facilitating European collaboration
- Supporting national initiatives
- Advocating on issues and building alliances
- Working in partnership and providing mutual support
- Making a personal connection, supporting individuals
- Supporting individuals over time

The case studies also demonstrate how EuroHealthNet works in an effective catalytic role by supporting such agents of change to work with their colleagues within their nations to introduce initiatives that have a significant impact.

3. CROSS-CUTTING THEMES

This section offers some themes that have emerged across the components of the 2017 Evaluation:

3.1 Keeping Health Inequalities on the European Agenda

The 'Call for actions to reduce health inequalities in the EU' presented at the meeting of DG SANTE's Expert Group on Social Determinants and Health Inequalities is explicit evidence that EuroHealthNet quite literally keeps the issue of health inequalities on the European agenda. It also demonstrates the standing of EuroHealthNet has with other allied agencies who are partners to the joint statement.

The wider circulation of the statement by the Dods monitoring service with other documents linked to the agenda of the meeting is indicative of how EuroHealthNet is able to bring the issue to the attention of a wide audience of national and European organisations that are subscribers to the monitoring service.

While the 'impact' of the statement may not be known, the fact that EuroHealthNet has enabled the 'Call for Action' to get such attention is indicative of its role and success in meeting the expectations of members to articulate the collective voice of the partnership at the EU level. This is one dimension of the support members stated that they value from EuroHealthNet. However, although it is mentioned in the annual report, it is unclear how many members are aware that such a statement was presented at a meeting of DG SANTE and subsequently circulated.

It is clear that members value the information, advice and opportunities to network with other members and meet experts. The support from EuroHealthNet through country exchange visits and the opportunity to participate in collaborative projects provides members with concrete examples and experience that enables them to introduce new policies and practice in their home countries and regions. Their status within their Member State is often elevated through their association with EuroHealthNet to effect change at home.

Members of the TWIGs see the groups as vehicles to gather evidence and promote practice, strategies, programmes and interventions at a European level. Some see the potential of the TWIGs to be a collective force to address specific themes. For example, the Mental Health TWIG could work towards establishing an over-arching approach to policy making on mental health in Europe.

Staff have also highlighted the way EuroHealthNet is recognised as an organisation in Brussels with a strong reputation for addressing health inequalities and promoting equity. They see this as a significant achievement. They recognise that EuroHealthNet has become the 'go-to' organisation for DG SANTE and others in Europe. Staff see EuroHealthNet as influential, while often exercising this influence in the background with decision-makers to support and encourage initiatives. However, some staff have suggested EuroHealthNet could adopt a more critical voice, acting as 'grit in the oyster' to effect change.

3.2 Identity and Visibility

EuroHealthNet's profile and visibility were the focus of one of the components, Documenting Visibility and Impact, but this dual issue has emerged in each of the other components.

It appears significant that most staff identified aspects of EuroHealthNet's elevated visibility as the organisation's primary achievement, over and above any individual projects. None were named when the question was raised. What staff judged to be important are EuroHealthNet's identity, reputation, recognition, influence and relationships.

The component on 'Documenting Visibility and Impact' may offer an indication as to how EuroHealthNet has been successful in raising its profile and increasing its visibility. The examples provided indicate the high level at which EuroHealthNet is represented at national and international meetings by the President, Director and Senior Policy Advisor. The authorship of articles by the President in publications with a high status is also important to secure recognition for the partnership.

It is unclear the extent to which staff and members are aware of these specific meetings and publications and their significance. The fact that these representatives of EuroHealthNet are invited to present, moderate and contribute at such events is indicative of the high regard in which the individuals and EuroHealthNet is held.

Perhaps EuroHealthNet faces a dual challenge: on the one hand, how to publicise its work further in order to elicit more invitations at this level (which will further enhance its status) and on the other hand how to develop its capacity to take up new invitations. Specific invitations cannot be predicted, but as EuroHealthNet's reputation grows, the anticipation of more invitations will require the allocation of time to attend and prepare for such events.

There are clearly limits to the capacity of the Director to represent EuroHealthNet at national, European and international events and to write articles, alongside her duties as a manager. This appears to be an area that requires reflection and a strategy to avoid overload.

Conversations with staff also indicated that some were also invited to national events to give presentations and promote the work of EuroHealthNet. This may have implications for staff workload and capacity.

It has been suggested that enhancing EuroHealthNet's visibility could help to attract resources and improve its long-term sustainability.

Point for consideration

- Establish a strategy and system for recording meetings, events, publications, publicity statements and other materials that provide evidence of the profile and status of EuroHealthNet.
- Invite Revolve to facilitate a session for the Executive Board on what they can do to help raise the profile of EuroHealthNet.
- Should there be a planned strategy for promoting and supporting the President, Director, Senior Policy Advisor, Exec Board members and staff to represent the partnership at events in order to enhance and sustain the status and visibility of EuroHealthNet?
- How might staff be encouraged and supported to network within Brussels and represent EuroHealthNet at meetings in Member States?

3.3 Staff Capacity

Staff clearly enjoy working for EuroHealthNet. The organisational culture makes the office a pleasant place to work, but the physical location is not good for their health and wellbeing. The move to a new office is regarded as an opportunity to review working practices and improve working conditions.

Conversations with staff indicated a major challenge of managing the overall workload of the EuroHealthNet Office and of individuals, including the Director. There appears to be an unrelenting pressure to secure resources, response to calls for bids, 'stay ahead of the curve', and respond to enquiries and opportunities. The wellbeing of staff is also linked to the wellbeing of the Director.

Comments from staff reveal their commitment to high standards of work. EuroHealthNet has a reputation for quality, but there may be a need to review priorities to avoid the risk of Voltaire's aphorism, *'perfect is the enemy of good'*. A more explicit policy or protocol may be required for deciding what has to be 'perfect' and what can be simply 'good enough' and how this is determined, in what circumstances and who can make this judgement.

The challenges of developing the TWIGs may be indicative of the intensity of the workload which leaves no capacity within the staff team to co-ordinate and support the groups. Members regard the TWIGs as innovative with potential for mutual learning, support and creative action.

The report on the TWIG survey offers suggestions for topics, activities and how they could be more effective. The fact that two people have volunteered to lead two TWIGs offers hope that some capacity might be found within the membership to help reinvigorate these groups.

Point for consideration

- Given the circumstances and demands on EuroHealthNet is it feasible to develop a creative strategy to address the stress associated with the current workload to enhance the wellbeing of staff and the Director?

3.4 Strengthening the Partnership

Members value the support they receive from EuroHealthNet. The TWIGs have struggled to get off the ground, but it is encouraging that there is enthusiasm for the innovation and desire by TWIG members to make them work. The TWIGs offer potential to strengthen the partnership, so there would appear to be value in exploring how they may be reinvigorated. This could include allocating half a day for the TWIGs to meet at the next General Meeting for members to get to know each other, share their expectations, discuss a programme of activity for the following 12 months and explore how their activities can be co-ordinated.

Members could also contribute to raising the profile and enhancing the visibility of EuroHealthNet nationally and across Europe. One simple action would be to get into the habit of introducing themselves as members of EuroHealthNet at appropriate meetings and other events. As highlighted in the 2016 evaluation, more effort could be made by partners to cite publications by EuroHealthNet in internal and public documents.

Point for consideration

- How can members be encouraged to identify their association with EuroHealthNet and promote the partnership?

Next Steps

As this is the last year of the evaluation, suggestions for future evaluation will be included in a separate report that offers an overview of the whole evaluation period.

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