

External evaluation EuroHealthNet 2022 Final

EuroHealthNet

12 APRIL 2023

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1. INTRODUCTION	4
2. OBJECTIVES OF THE EXTERNAL EVALUATION	7
3. APPROACH AND METHODOLOGY	7
4. CONCLUSIONS AND RECOMMENDATIONS	10
4.1. CONCLUSIONS	10
4.2. RECOMMENDATIONS	14
5. FINDINGS	16
5.1. A EUROPEAN PARTNERSHIP FOR PROMOTING SOCIAL RIGHTS AND HEALTH EQUITY (CORE PLATFORM)	16
5.2. CONTRIBUTION TO THE IMPLEMENTATION OF THE EPSR PRINCIPLES AND RELATED INITIATIVES (POLICY PLATFORM)	24
5.3. STRENGTHENING THE CAPACITIES, COMPETENCY AND KNOWLEDGE OF MEMBERS AND STAKEHOLDERS (PRACTICE PLATFORM)	35
5.4. MONITORING AND ASSESSMENT OF THE IMPACT OF POLICIES AND PRACTICES (RESEARCH PLATFORM)	37
5.5. COMMUNICATION	38
ANNEXES	43
ANNEX 1: BIBLIOGRAPHY	43
ANNEX 2: LIST WITH PROJECTS IN WHICH EUROHEALTHNET IS INVOLVED	45
ANNEX 3: M&E FRAMEWORK	48
ANNEX 4: EVALUATION QUESTIONS, INTERVIEW CHECKLISTS AND MEMBERS' SURVEY QUESTIONNAIRE	58
ANNEX 4A: EVALUATION QUESTIONS	58
ANNEX 4B: INTERVIEW CHECKLISTS	60
ANNEX 4C: QUESTIONNAIRE FOR MEMBERS' SURVEY	61
ANNEX 5: SURVEY DATA	66
ANNEX 5A: STAFF SURVEY DATA	66
ANNEX 5B: MEMBERS SURVEY DATA	70

Abbreviations

SDP	Strategic Development Plan
M&E	Monitoring and Evaluation
TWIG	Thematic Working Group(s)
EU	European Union
EC	European Commission
WHO	World Health Organisation
EPSR	European Pillar of Social Rights
ESF	European Social Fund

1. Introduction

EuroHealthNet is a Brussels-based, European not-for-profit partnership established more than 25 years ago. Its members (36) are national, regional or local institutions that have a public mandate and expertise in public health, health promotion, health inequalities and disease prevention. Associate members (19) are universities, civil society organisations and other not necessarily statutory bodies. Observers (6) are mostly Ministries of Health and join the partnership by invitation only¹.

EuroHealthNet's **vision** (“*where do we want to be in 5-10 years' time?*”) is that of a society in which all citizens enjoy their fundamental rights to the highest attainable standard of health, without distinction of race, religion, gender or economic or social condition. Its **mission** (*the raison-d'être of EuroHealthNet*) is to help building a sustainable, fair, and inclusive Europe through healthier communities and to tackle health inequalities within and between European States.

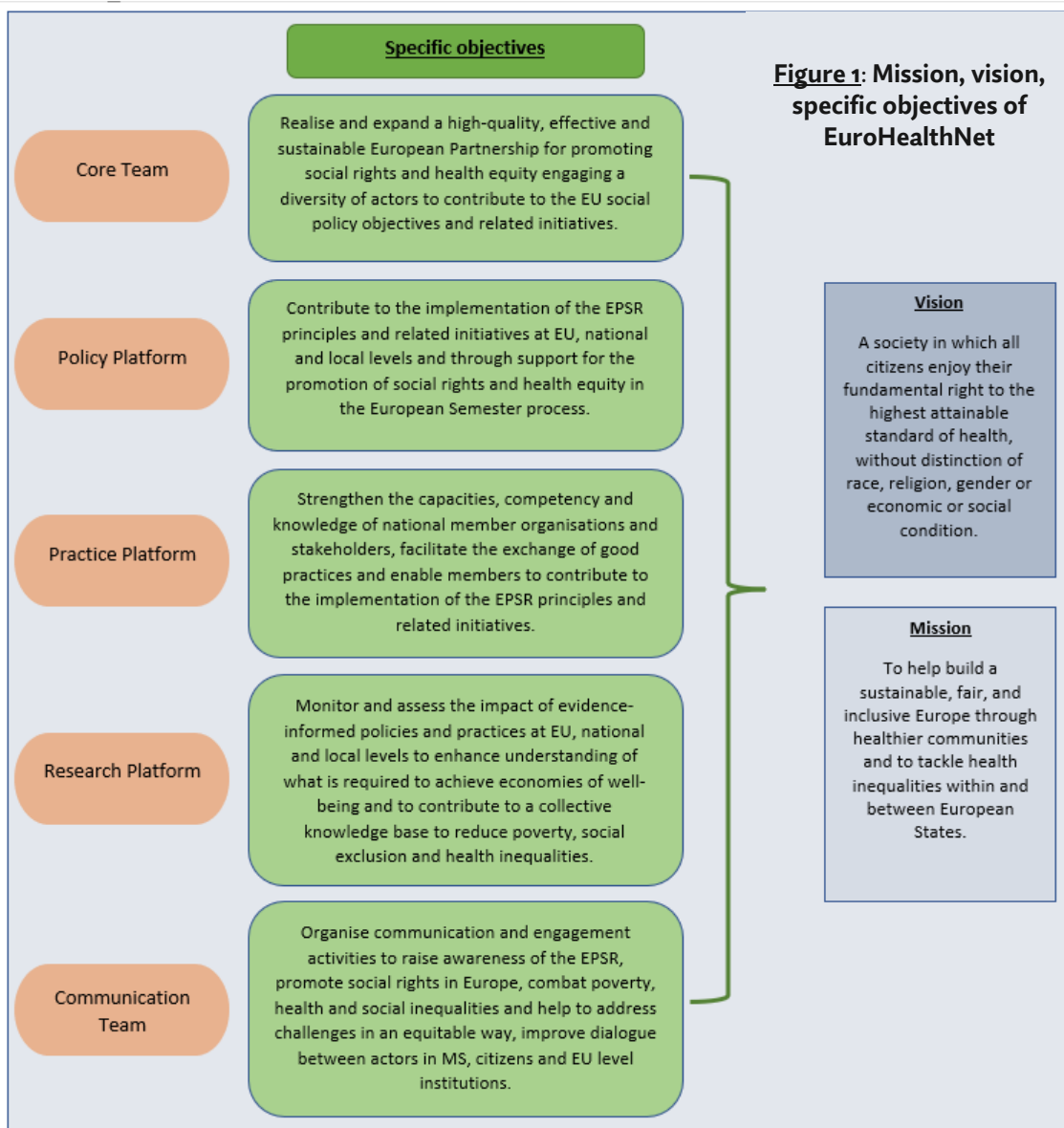
EuroHealthNet aims to work towards holistic approaches and inclusive governance that recognise that lifestyle related risk factors for ill health are strongly related to the conditions in which people learn, live, work, play, and age - the **social determinants of health**. Its core activities are to monitor, analyse, propose, build capacity, advise, lead and act on:

- **Health equity and systematic application of the equity lens** across health and other sector policies and measures; supporting the ‘Economy of Wellbeing’ and health in a ‘whole of society’ approach.
- Novel ways to **promote health and prevent diseases**, make solutions more attractive, and sustainable, contributing to the transformation of health and social protection systems.
- The social, economic, environmental, cultural, commercial, behavioural and political **determinants of health**, which allows us (members of the Partnership) to be agile and responsive to the diverse threats to health equity.

The work of EuroHealthNet is guided by its Strategic Development Plan (SDP) (2021-2026).

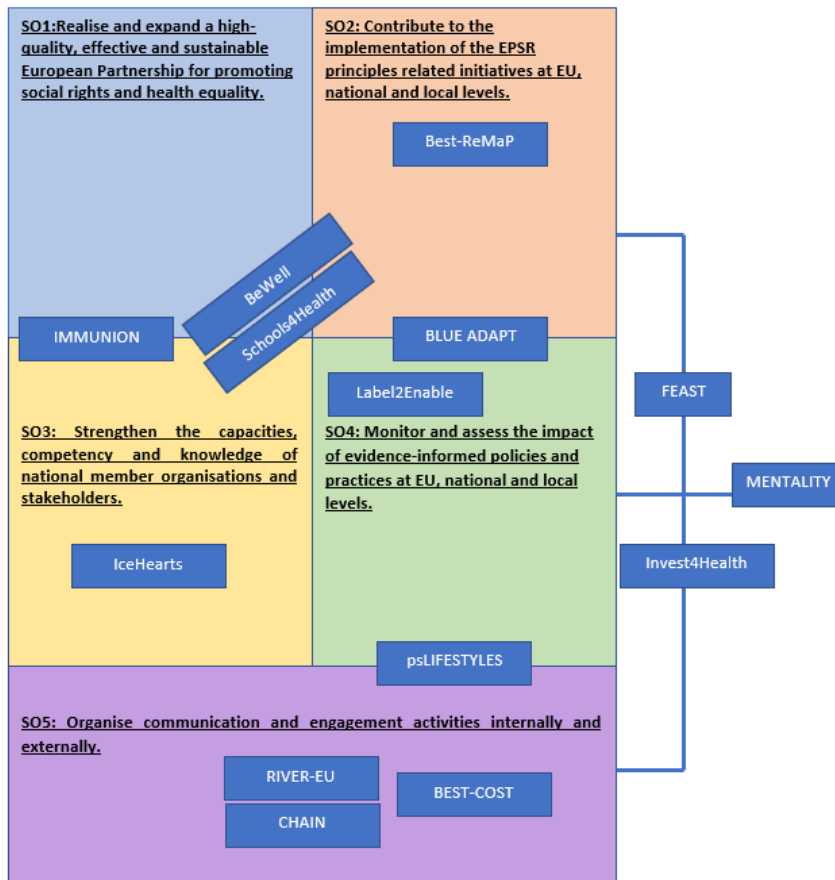
EuroHealthNet is amongst others supported by an EC core grant through the ESF+ work programme, supporting a four-year framework (2022-2025) comprised of annual work plans based on five specific objectives. Each specific objective is implemented through a Work Package led by the Core Team (unifying and building connects between the Platforms), the Communication Team and the three Platforms (policy, practice and research) ([Figure 1](#)).

¹ Situation on 02.01.2023 – consultation of <https://eurohealthnet.eu/list-of-members/>



While the focus of this external evaluation is on the implementation of the work within the ESF+ work programme, the implementation of the various [projects](#) in which EuroHealthNet is currently involved, is also included into the evaluation object. These projects can be linked to one or more of these specific objectives ([Figure 2](#)).

Figure 2: EuroHealthNet projects and links to the specific objectives of ESF+



A list with projects with short explanation can be found in [Annex 2](#).

Reading Guide

- For readability purposes ‘members’ is used in the text to refer to all categories of members, Associate members and observers, unless specified, whenever relevant.
- It should be noted that the group of ‘members’ is over-represented in the group of respondents (59% in the total membership and 76% in the group of respondents); the group of research Associate members is underrepresented (23% in the total membership and 17% in the group of respondents).
- A separate (Excel) file was prepared for the EuroHealthNet Office with an overview of data collected related to the various indicators (baseline data).

2. Objectives of the external evaluation

The **objectives of the independent evaluation and impact assessment** of EuroHealthNet programming and activities are:

- To **monitor progress** towards the achievement of its strategic objectives.
- To **assess the results** of the work of EuroHealthNet in terms of outcomes and (potential) impact at the level of its member organisations, of EuroHealthNet as a partnership, alliance building and policies.
- To **identify shortfalls** of its work.
- To **formulate lessons learned and recommendations** to:
 - Inform the organisational strategy, contributing to sustainability of EuroHealthNet.
 - Contribute to better informed decision-making.
 - Promote greater accountability for performance in the coming period.

3. Approach and methodology

1. A first task within the assignment was the development of a **Monitoring and Evaluation (M&E) Framework** based on the EuroHealthNet SDP 2021-2026, whereby **indicators** at output, outcome and impact level are a key component. These indicators are used for monitoring progress and cover the work supported by the ESF+ grant as well as the EuroHealthNet [projects](#). Yet, it should be noted that:

- A number of projects (e.g. [IMMUNION](#), [PSLifestyle](#), [Schools4Health](#)) have an elaborated list of indicators for monitoring purposes, which is not integrated into this overall M&E Framework.
- Projects have their own reporting life-cycle and mechanisms, apart from this external evaluation reporting cycle.

This M&E Framework also encompasses data sources used to populate the indicators, the results of the baseline (2022) and finally also targets to be achieved for each of the indicators (work in progress at the time of finalising this report). See [Annex 3](#) for the full M&E Framework.

2. While monitoring progress is based on indicators, for the evaluation, the following **criteria** are used:

- **Coherence:** the extent to which the various activities implemented complement each other, strengthen each other or undermine the achievement of planned results.
- **Effectiveness:** the extent to which the objectives are achieved or are expected to be achieved.
- **Impact:** the extent to which the work of EuroHealthNet has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability:** the extent to which the results/benefits of the work of EuroHealthNet are likely to last.

3. The **evaluation questions** guide and focus the data collection and link evaluation criteria to the different areas of results (level of member organisations, EuroHealthNet as a partnership, alliance building and policies) (See [Annex 4A](#)). Providing an answer to these questions is a process spread over the four years, covered by the M&E Framework.

4. For **data-gathering purposes, a mix of instruments** is used, allowing for triangulation:
- **Desk-research**, including data gathered by the Secretariat through monitoring based on the set of indicators (2 at impact level, 9 at outcome level, 5 at output level).
 - **Annual staff satisfaction and engagement survey** used as input into M&E ([Annex 5A](#)).
 - (online/telephone) **Interviews** with:
 - EuroHealthNet members, i.e. between 16-18 on an annual basis, aiming to cover the full membership in the four year period of the evaluation. For every interview round, members are selected based on geographical setting, age of membership, level of engagement and type of membership.
 - Other key-stakeholders in function of the annual focus of the evaluation.

For 2022, 16 member organisations were contacted and 5 external stakeholders. The Brussels Office invited these members and external stakeholders for an online/telephone interview. In case of consent, the external evaluator contacted them with possible dates. 11 member organisations and 4 external stakeholders responded (initially) positively.

For this report, the input of 6 member organisations is used and of 3 external stakeholders. 5 additional interviews with member organisations and 1 with an external stakeholder are planned after finalisation of this report, based on availability of the interviewees. In [Annex 4B](#) the checklists for these interviews are enclosed.

- **A member survey** as part of the baseline study (sent 2023 covering 2022) and for the final evaluation and assessment (in 2025 covering 2023-2024-2025). For the 2022 survey, 29 questionnaires were returned from 28 EuroHealthNet members. In [Annex 4C](#) the questionnaire of this survey is presented. In [Annex 5B](#) details are reported on the population of respondents as well as figures and information, complementing the text and figures in the paragraphs on findings in this report.

There is an overlap of 4 member organisations participating in the survey and in the interviews.

Table 1: The group of interviewees and respondents compared with the population of EuroHealthNet members (percentages)*

	Population (n = 61)	Survey respondents (n = 29)	Interviewees (n = 6)**
Members	59%	76%	66% (4)
Research Associate members	23%	17%	0%
Policy Associate members	5%	3%	17% (1)
Practice Associate members	8%	7%	17% (1)
Observers	10%	3%	0%

*organisations can be in more than one category of membership, therefore totals can exceed 100%

**since the number of interviewees is small, also the absolute figures are mentioned in brackets

- **Annual Outcome Harvesting workshop with EuroHealthNet staff** (8 December 2022) to collect results achieved by the work of EuroHealthNet and evidence of this, based on perspectives of the staff members.

4. Conclusions and recommendations

4.1. Conclusions

The results of the external evaluation of EuroHealthNet 2022 are overall positive and show a picture of a well-established and recognised organisation in the health community and beyond. Through implementation of its activities, the evaluation results show that EuroHealthNet is working successfully towards achieving its strategic objectives. Yet, 2022 EuroHealthNet operated in a year with major challenges, e.g. still struggling with the COVID-19 recovery, ongoing challenges like climate change and new instabilities due to the Ukraine war, rising costs of living, the energy crisis and inflation, making health inequalities even more apparent.

Data-gathering to feed the external evaluation of EuroHealthNet of 2022 was also delivering baseline data, enabling to monitor progress towards the achievement of its strategic objectives. Still, performance indicators need to be identified for 2023 and 2024 to further specify this progress.

The following paragraphs illustrate the outcomes that could be identified in 2022, as well as the coherence and complementarity between the various activities implemented.

EuroHealthNet as a European partnership for promoting social rights and health equity

- The EuroHealthNet partnership with different types of members has grown steadily over the years, with a **more stable network composition** in terms of numbers in the recent years (61 at the end of 2022).
- EuroHealthNet has a sound governance structure with an Executive Board (9 members) and a General Council (all - currently 36 - full member organisations). The largest part of the funding is restricted, i.e. coming with terms and conditions about what the funds may or may not be used for. Unrestricted funds might be necessary to cover indirect costs that are not covered by programme or project money (e.g. human resource development, technical resources, etc.).
- EuroHealthNet delivers a variety of activities/services to its partnership and beyond. A (large) majority of respondents is familiar with these activities/services. The **scores on relevance of activities/services delivered by EuroHealthNet are overall high** (between 3,5 and 4/5), with the highest scores for the Health Highlights Newsletter, the Health Inequalities Portal and networking and exchange opportunities offered.
- The **level of engagement of members is overall good**. The largest group (55%) of the (core) members are at the higher end of the spectrum of engagement. Members eagerly participate in events organised, the General Council Meeting and the Annual seminar.
- EuroHealthNet was very active in 2022 by organising a total of 66 meetings and events (of which 56 online) and participating in 272 (in 55 in an active role).
- All **opportunities to exchange information, knowledge and experiences with others are very positively assessed** (TWIGs, capacity building events, Annual meetings, seminars, matchmaking event, Country Exchange Visits) and are considered to be crucial. The **opportunities that are created, to be put in contact with other interested countries/partners** (matchmaking events, support provided in linking partners for research, in the co-creation of projects, in applying for projects) are specifically mentioned as key activities.
- The outputs and resources produced **to inform members** about EU-level developments, policies and (financial) instruments as well as about the work of other members and

transnational projects (Newsletters, Policy Précis, Health Inequality Portal, materials, policies reviews and briefings) and **to support members** through these resources are very much appreciated. **The evaluator noticed a system of ‘well documenting’**: for all events a report (at least for members) is available, which is one way to foster learnings in the network, i.e. to showcase the own work and the work of other members and to raise awareness about relevant EU-level and international policy frameworks and instruments.

- Advocacy is an area of work that respondents consider as important, yet opportunities to participate in EU-level policy analysis and advocacy has an average weighted score on relevance which is at the lower end of the list (3,5/5).
- Members do recognise that the uptake of content delivered by EuroHealthNet is not only determined by the quality of the work, yet also by **national conditions** (openness to change, political will and support, etc.). Work at national level is deemed important as well as the involvement of key actors at regional/national level in EU-level events/activities. A collaborative approach is needed to make systems’ change happen.
- The number of (formal) **projects and alliances** in which EuroHealthNet is involved, is steadily increasing, with a total number of 14 for 2022. The roles that EuroHealthNet takes up in these projects and alliances varies from coordination to dissemination and exploitation of results and engagement of stakeholders. The added value of these projects to the overall work of EuroHealthNet is multiple and of strategic importance, e.g. a strengthened partnership with and among members as well as with external stakeholders, results feeding into capacity building for members, project findings leading to more visibility in the health and research communities, attraction of new members, etc.. It is furthermore **very positive to see that one project is opening up opportunities for new projects, herewith reflecting the quality of the results of the projects.**
- The composition of the Office staff changed slightly in the past year with an increase in staff, which is clearly related to the growing number of projects in which EuroHealthNet is involved. **The staff is proud to be part of EuroHealthNet and is overall satisfied with the working environment offered.** While the lowest ‘satisfaction scores’ are still above 3,5/5, issues raised are related to professional development opportunities and planning.
- Since mid-2022 a **Workplace Gender, Equality and Diversity Policy** is in place, resulting in e.g. a more inclusive hiring procedure, reviewing communication activities and further developing knowledge on this issue within the Office.

Contribution to the EPSR principles and related initiatives (POLICY)

- Triangulation of data clearly shows the **vast amount and robust quality of information and knowledge/intelligence provided by EuroHealthNet related to EU-level and international policy frameworks and instruments. This information and knowledge is delivered in various formats, during several meetings and events and through multiple communication channels, and at various levels of detail.** While the evaluation forms of the General Council Meeting and the Policy and Strategy meeting (both in 2022, with respectively 42 and 48 participants from member organisations) reveal that participants explain that the meetings were very helpful in providing an overview of EU-level policies and instruments, respondents to the 2022 survey indicate that they are not aware of all instruments mentioned and that the questionnaire as such, as well as the interviews held by the Secretariat to prepare the European Semester 2022 report raised their awareness about these instruments and frameworks. Some respondents also refer to the amount of information provided and that as a result of this, key information might get lost.
- A very relevant tool has been launched recently to help public health professionals and decision-makers contribute to the implementation of the EPSR and to show how the EPSR

principles can contribute to achieving health and wellbeing, i.e. the **Flashcards**. So far, three Flashcards have been published related to three EPSR principles (Work-life Balance, Childcare and child services and Long-term care. The use of the Flashcards needs further follow-up.

- The fact that **all respondents share the information they acquire through EuroHealthNet with colleagues in their organisation** is important as a facilitating mechanism for organisational learning, beyond individual learning.
- The number of respondents involved in policy development is varying according to the policy level (regional, national, EU-level), whereby most (55%) of the respondents are/have been involved at national level. 21% of the respondents are/have been involved in all three levels (mixture of members and Associate members). **A majority of those respondents who indicate to be involved (or having been involved) use the information/outputs provided by EuroHealthNet to support them in this process.** Various examples of the use of this information were given.
- EuroHealthNet has a vast number of cooperating partners, through the partnerships it has formed and joined over time, alongside the various projects in which the team is involved. This provides **access to a wide community of (health) professionals and to state-of-the-art information and knowledge about the issues on the agenda.** These partnerships and alliances further strengthen the credibility of EuroHealthNet be it in the area of evidence-based or evidence-informed advocacy or in the area of research. The drivers for partner to cooperate with EuroHealthNet are mainly related to EuroHealthNet as a strong partner representing a wide variety of stakeholders, as well as the broader approach of EuroHealthNet to health and the focus on health promotion and on prevention.
- **Multiple channels and tools are used to feed into EU-level policy development** (in cooperation with members and/or external partners), e.g. through the internal working structures (e.g. TWIGs), by responses to consultations and delivering direct input into EU-level processes like the European Semester, as well as through participation in high-level meetings, organising events to which key policy actors are invited and setting up meetings with key policy actors. Based on the data-gathering for 2022, it is difficult to identify which of these channels/tools is the most effective and efficient. It is more a matter of spreading the same message through various channels and even repetitive over time, as conditions for uptake evolve.
- While evidence can be identified on the use of outputs/materials produced by EuroHealthNet by its members, examples of **evidence can also be detected of the influence of the work of EuroHealthNet on policy discourses and in policy documents**, e.g. more attention for the 'Economy of Wellbeing', for preventive measures within primary health care focusing on chronic and noncommunicable diseases, including mental health, yet also the promotion of social innovation approaches to health, like social prescribing. At the same time it should be noted that it is difficult to identify a direct relationship between input provided by EuroHealthNet and the (adapted) content of a policy document, as other stakeholders also deliver input that can be similar to EuroHealthNet.

Strengthening the capacities, competencies and knowledge of members and stakeholders (PRACTICE)

- Various activities have been implemented by EuroHealthNet in 2022 to help members build capacity about 'what works', to reduce health inequalities and to support them to reinforcing resources by the use of available funding and policy instruments at EU-level. Analysis of the **evaluation forms** related to the Info and Matchmaking Day, as well as the Country Exchange Visits and the online Dialogue to support the implementation of the National Action Plans of the European Child Guarantee **show positive results about meeting expectations of the participants.**

- Currently three TWIGs² are operational to provide a space for members to exchange and cooperate on topics of mutual interest. These TWIGs are member-led and members are encouraged to join these TWIGs and to establish additional TWIGs. **The TWIGs are by respondents of the 2022 survey identified as one of the key activities of EuroHealthNet to be further strengthened.** 23 members were involved in one or more TWIG meetings in 2022.
- Furthermore, **specific outputs and tools** were delivered to support this capacity building, amongst others the [e-Guide for financing health promoting services](#). 59% of the respondents of the 2022 member survey state that they are familiar with this e-Guide, hereby ending up at the lower end of the list of activities with which respondents are most familiar. Yet, traffic to this e-Guide on the website grew with 42% over 2022.

Monitoring and assessment of the impact of policies and practices (RESEARCH)

- EuroHealthNet aspires to **bring researchers and policy makers together** to identify and promote evidence-based approaches to health, equity and well-being, and in tackling health inequalities. This is done through the various projects and partnerships/alliances in which EuroHealthNet is involved, through informing its members of research and innovation opportunities at EU-level and through providing access to resources (e.g. its Health Inequalities Portal and Foresight exercises).
- This part of the work is considered to be **an area of growth**, e.g. evidenced by a growing number of research Associate members. The involvement in research gives more legitimacy towards EU-level and international actors and is central to evidence-based non-political advocacy work of EuroHealthNet.
- Again, here members refer to **the national setting** and how this influences the extent to which and the way in which methodologies and tools can be implemented in practice.
- There is evidence that EuroHealthNet contributed to improved calls, integrating equity and the 'Economy of Wellbeing' into texts of Horizon Europe.

Communication

- The communication activities of EuroHealthNet are guided by the Communication Strategy which is built on the SDP 2021-2026. Besides functioning as a roadmap for communication in the current year, this Strategy document provides also an assessment on the activities of the previous, based on the available analytics. One of the working structures of EuroHealthNet is the **communication network** bringing together nearly 50 communication professionals across Europe (including members). Herewith, it creates a space for exchange of expertise and resources to support members to increase awareness about the work of members and of the network. This is considered to be a potential area for further development to bring the work to a more senior, strategic level. Yet capacity is needed to implement this.
- Sufficient **evidence is identified of the (increased) visibility and relevance of the work of EuroHealthNet**, e.g. the growing community of (health) professionals following EuroHealthNet on social media, retweeting and reposting messages and downloading outputs. The downward trend in the website traffic after revising the website in 2021, is slowly reversing, whereby the figures of 2022 show that more content pages are visited, as aimed for. The traffic on the Health Inequalities Portal was doubled in one year time.
- **A large majority of respondents (89%) assesses the visibility of the work and results of EuroHealthNet as (very) good.** The accessibility of the information/knowledge is enhanced

² Social Marketing to Address Addictions TWIG, TWIG on Healthy Urban Environments, TWIG on Health Promotion and Disease Prevention Best Practice Portals -

by the translation facilities on the website and the translation of some (key) outputs. The relevance of these translation facilities are very visible in the figures of the website traffic.

- The figures of organic search traffic on the Health Inequalities Portal as well as on the Magazine pages, suggest that these provide **an effective entry point to topics EuroHealthNet is working on for those who are not yet very familiar** with these areas of policy and practice.
- Furthermore, **EuroHealthNet is increasingly solicited for its expertise to speak in high-level events, and to be part of projects in various roles.** More and more, EuroHealthNet is considered as a ‘to-go-to place’ for its expertise in the field of building a healthier future for all by addressing the determinants of health and reducing inequalities.

4.2. Recommendations

1. **To have good insights into the needs and possible contributions of different categories of members** can serve various purposes:
 - **to engage in a more personalised way with members** to support their work at national level with the tools and intelligence of EuroHealthNet. Members value for example receiving ‘tips and tricks’ and ‘how to’ support, e.g. in relation to the development and implementation of innovative approaches as well as to co-create arguments to be used at organisational level to show the added value of being involved in EuroHealthNet.
 - **to increase the engagement of members** since it will lead to a better knowledge of which members need which type of support and which members can make what kind of contribution. In this way the expertise available in the partnership can be optimally used, e.g. for policy development. Members indicate in the survey that they welcome invitations to provide input into EU-level consultations and policies. Various opportunities where members meet can be used for this purpose, e.g. formulating policy recommendations as one of the results of a General Council meeting or a Policy and Advocacy meeting.
 - **to respond in a better way to (information) needs of members.** For some respondents it is a challenge to filter the information that is most useful for them and for their colleagues.

Member engagement profiles could provide input into mechanisms to support members and to facilitate member engagement.
2. The **visibility of some of the key tools of EuroHealthNet needs to be further strengthened**, i.e. the Flashcards, the e-Guide for financing health promoting services.
3. **To strengthen the follow-up of activities and the use of outputs.** The **follow-up on the use of key outputs** produced by EuroHealthNet will provide valuable information on the needs of the members and the impact of the work (which tool/channel is the most useful for which internal and external target group?). Furthermore, members would like to receive **more feedback on the results of consultations to which they provided input.**
4. **To further strengthen opportunities to network, collaborate on projects and exchange.** Members stress the added value of peer learning for their own work. Currently, multiple opportunities are created for this purpose, whereby members emphasize the value of country visits to help raising awareness on topics in which specific countries have built up particular expertise. Also an online ‘easy to use’ members’ only platform can contribute to this.
5. **Strengthen the opportunities for members to disseminate their expertise, knowledge and insights**, e.g. through Newsletters and other communication channels of EuroHealthNet. Members appreciate the current tools and channels provided by EuroHealthNet to showcase their expertise, also in view of further networking and cooperation.
6. Some respondents stress **the importance of the national setting in implementing innovations, tools, uptake of content, etc.** and recommend EuroHealthNet to highlight

opportunities to leverage national policies and to help to identify opportunities for national and institutional development. Internal ‘support systems’ in member organisations are necessary to translate individual learning to organisational learning. EuroHealthNet could play a role in bringing together (good) practices that exist to support members’ needs in this area.

7. For advocacy purposes, it is key to **monitor time-lines and life-cycles of policy processes** in order to **target the right people at the right time**. Addressing key stakeholders who can make a difference is primordial in this process and was stressed in interviews with external stakeholders: *“Work with those stakeholders who have the power to influence development and change”*.
8. To attract attention and find support for health promotion, prevention and the importance of social determinants of health and a systemic application of an equity lens across health and other relevant policies, the economics of health should not be neglected in the messages. **Developing arguments/finding evidence that the cost of a narrow view on health outbalances the cost of embracing a broader perspective needs to be considered** according to some members (e.g. like the info guide for financing health promoting services).

5. Findings

The presentation of the findings is structured along the 5 specific objectives of the annual Work Plans ([Figure 1](#)). Yet, this chapter on evaluation results starts with some key issues coming out of the 2022 member survey and the interviews. In the survey, members were asked to comment on **aspects of the work of EuroHealthNet that they like most** and that they would like to make sure EuroHealthNet continues to do in the future. The answers to this question reveal that the current activities of EuroHealthNet are assessed by members as key and that the (good) work should be continued:

- Overall, **all opportunities to exchange information, knowledge and experiences with others are very positively assessed** (capacity building events, Annual meetings, seminars, Country Exchange Visits). The **TWIGs** are considered to be very useful as well as the support of the EuroHealthNet Office in the TWIGs, especially in the TWIG on Best Practice Portals. However, the opportunities that are created, to be put in contact with other interested countries/partners (matchmaking events, support provided in linking partners for research, in the co-creation of projects, in applying for projects) are specifically mentioned.
- The outputs and resources produced **to inform members** about EU-level developments, policies and (financial) instruments as well as about the work of other members and transnational projects (Newsletters, Policy Précis, Health Inequality Portal, materials, policies reviews and briefings) and **to support members** through these resources are cited. The General Council combined with the Annual meeting are considered to be key-events in this context.
- **Communication and advocacy work** on health equity, determinants of health and prevention and promotion is another part of the work of EuroHealthNet that members estimate to be key. During the interviews, members explain that through EuroHealthNet they have (easy) access to information that otherwise would not come to them (e.g. about relevant EU-developments or developments in other countries).

Furthermore, members were asked to identify activities or aspects of the work of EuroHealthNet that they would like to change. This input (11/29 respondents) is used in the recommendations and encompass amongst others a plea for more networking and exchange opportunities (5 respondents).

5.1. A European partnership for promoting social rights and health equity (CORE platform)

Based on the SDP (2021-2026), this is related to:

- Innovating interaction between partnership professionals.
- New alliances helping to deliver on joint objectives.

In the ESF+ grant these goals are operationalised through the objectives and activities in [Table 2](#).

Table 2: Objectives and activities related to EuroHealthNet partnership development

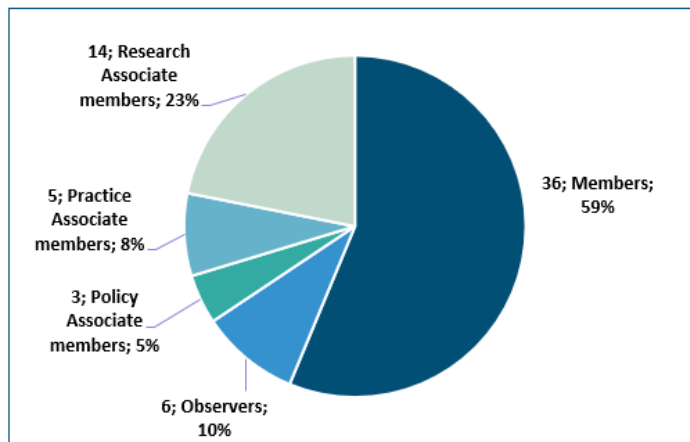
ESF+ work programme objectives	ESF+ work programme activities
Empower and upskill the social equity and public health community to share, learn and act jointly for a stronger social Europe.	1.1. Provide plenary fora for members to exchange and discuss policy and direction of EuroHealthNet.
Realise and expand a high-quality, cost effective and sustainable European Partnership for promoting health and social rights.	1.2. Ensure strong governance and leadership of EuroHealthNet.
Ensure and maximise the strength of our European Partnership by retaining current members and achieving controlled and conscientious growth for impactful outcomes and sustainable income.	1.3. Develop and implement membership recruitment and retention procedures.
Engage and proactively inform on critical EU social policy and health equity objectives and opportunities for timely and coordinated action.	1.4. Organise annual seminars and embed learnings into series of virtual dialogues.
Ensure a quality delivery of our work programme to maximise impact of our activities.	1.5. Develop and implement external evaluation procedures.
Ensure that learnings and outputs from other EuroHealthNet activities not funded by the core grant are utilised to their full potential to help fulfil ESF+ objectives.	1.6. Ensure coherence across EuroHealthNet activities to support synergies between EPSR and other EU Programmes and objectives.
Ensure a well-equipped, capable and happy team. Realise effective, timely and impactful cooperation among staff, the partnership and beyond through innovative digital tools.	1.7. Offering staff capacity building, encouraging wellbeing at work, and transitioning to a new working style.

A. NETWORK DEVELOPMENT

The EuroHealthNet partnership with different types of members has grown steadily over the years, with a more stable network composition in terms of numbers in the recent years. In 2022, four new organisations joined EuroHealthNet, one (research associate) member left. The new members are one full member and three (research) associates. This leads to a total of 61 members (from 28 countries) at the end of 2022³ (Figure 3).

³ In 2018: 61 members from 28 countries; in 2019: 61 members from 26 countries; in 2020 64 members from 25 countries, based on the [annual reports](#).

Figure 3: Composition of EuroHealthNet on 31.12.2022 (n = 61) (absolute figures and percentages)



Source: Secretariat data – The some of the percentages exceeds 100% as some Associate members are counted in more than one category.

B. GOVERNANCE AND LEADERSHIP

The Executive Board is composed of 9 members (6 women and 3 men) since the General Council meeting in June 2022. The General Council is the highest governing body and consists of 36 full member organisations. In terms of working structures, Thematic Working Groups (TWIGs) are launched to provide a space for members and Associate members to exchange and cooperate on topics of mutual interest. The TWIGs are member-led whereby the Office provides support and coordination. Each of the TWIGs has two co-chairs.

C. MEETINGS AND EVENTS

EuroHealthNet (co) organised in 2022 a total of 66 meetings and events (of which 56 online), including the statutory meetings. In 55 (external) events EuroHealthNet staff had an active role (speaker, chair, moderator, etc). In 202 (external) events EuroHealthNet staff participated without having a specific, active role. For 15 events, no information is available on the role of EuroHealthNet. Yet, based on data from the Brussels Office, in many meetings and events, staff speaks up from the floor and shares information about services, activities and results of EuroHealthNet.

This impressive list of meetings and events in which EuroHealthNet participated in 2022, includes various types of meetings, e.g. high-level meetings at EU and international level, meetings with potential collaborators, etc. 235/338 events (both organised by EuroHealthNet and in which EuroHealthNet participated) were held online; 71/338 were held face-to-face. For the remaining events, there is no information on the location/format. 23 members were involved in one or more TWIG meetings⁴ in 2022.

Office data (2022) show that **the level of engagement⁵ of EuroHealthNet members is overall positive**. Yet, it should be noted that (core) members have more opportunities to participate and

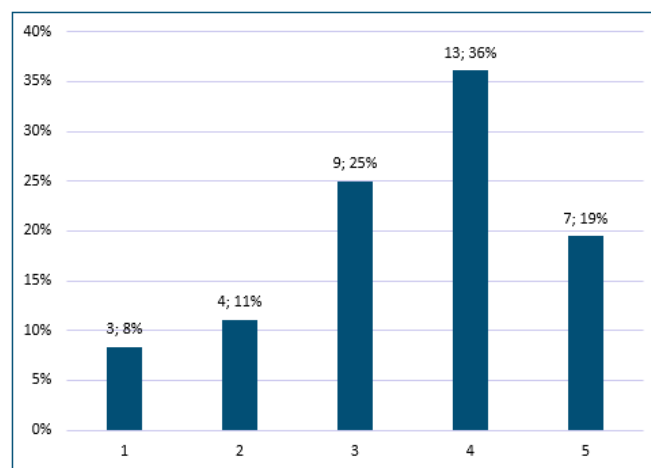
⁴ Social Marketing to Address Addictions TWIG, TWIG on Healthy Urban Environments, TWIG on Health Promotion and Disease Prevention Best Practice Portals .

⁵ The level of engagement is calculated by the Office based on the level of activity of participation of members in working structures, consultations and participation/engagement in meetings and events. The score is given on a scale from 1 to 5, 1 being disengaged and 5 being very engaged.

engage compared to Associate members and Observers. In [Figure 4](#) the level of engagement of (core) members is illustrated. 55% of the (core) members is at the higher end of the scale of engagement (score 4 or 5); 19% at the lower end of the scale (score 1 or 2). 42% of the Associate members is at the higher end of the scale and 58% at the lower end. Associate Research members are over-represented in this group (9 out of 11 Associate Research members have an engagement score of 1 or 2). ([Annex 5B – Figure A5.9](#)).

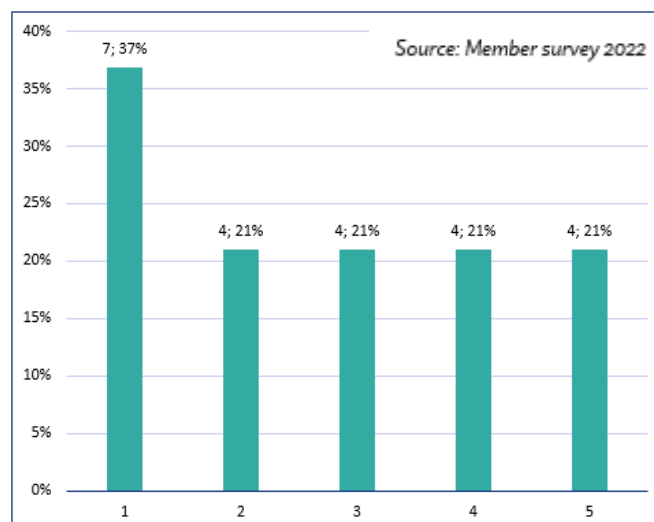
It should be considered that the level of engagement of members is related to various aspects, like e.g. capacity of the member to be engaged, the priorities in the member organisation, the extent to which services and activities offered correspond to needs and priorities of the member, etc. Furthermore, **this level of engagement is not static, but might change over time**. Based on Office data, EuroHealthNet organises and implements a large variety of activities/events thereby striving to address the diversity of its membership. A relevant question is to what extent the different categories of members feel serviced by these activities/events: **What are the needs and possible contributions of the different member categories?**

Figure 4a : Level of engagement of (core) members (n = 36) (absolute figures and percentages) – scale from 1 (disengaged) to 5 (very engaged)



Source: Member survey 2022

Figure 4b : Level of engagement of Associate members (n = 23) (absolute figures and percentages) – scale from 1 (disengaged) to 5 (very engaged)



Source: Member survey 2022

Based on 9 key events organised in 2022⁶:

- A total of 458 participations⁷ are counted, of which 74% participations by women and 26% by men.
- In all of these events, the group of participants consists for a majority of members. Some events were exclusively addressing members (e.g. Information and Matchmaking Day and online Podcast training for members).
- For all key-events a report is available with a quite detailed level of information. **Making these reports available to participants is one way to foster the exchange of information, yet also to showcase the work of members and to raise awareness on the relevance of EU-level policies, frameworks and instruments for members at national, regional and local level.**

During the interviews, members explain that the more you engage in the network, the more you learn and the more beneficial EuroHealthNet becomes. Yet, to fully benefit from EuroHealthNet as a network/partnership, time investments are needed, which are not always feasible due to regional/national priorities. Examples are given of the benefits of building up a solid relationship with the Office to engage in a more personalised reciprocal support system, from the Office to the member and from the member to the Office. *“The added value” of engagement in EuroHealthNet becomes more visible when the level of engagement increases*”. Interviewees explain that time available and national/regional priorities limits their level of engagement. However, for some members the access to information and a network of experts is the most important added value, which is also possible to benefit from, based on a lower level of engagement.

D. ACTIVITIES AND SERVICES

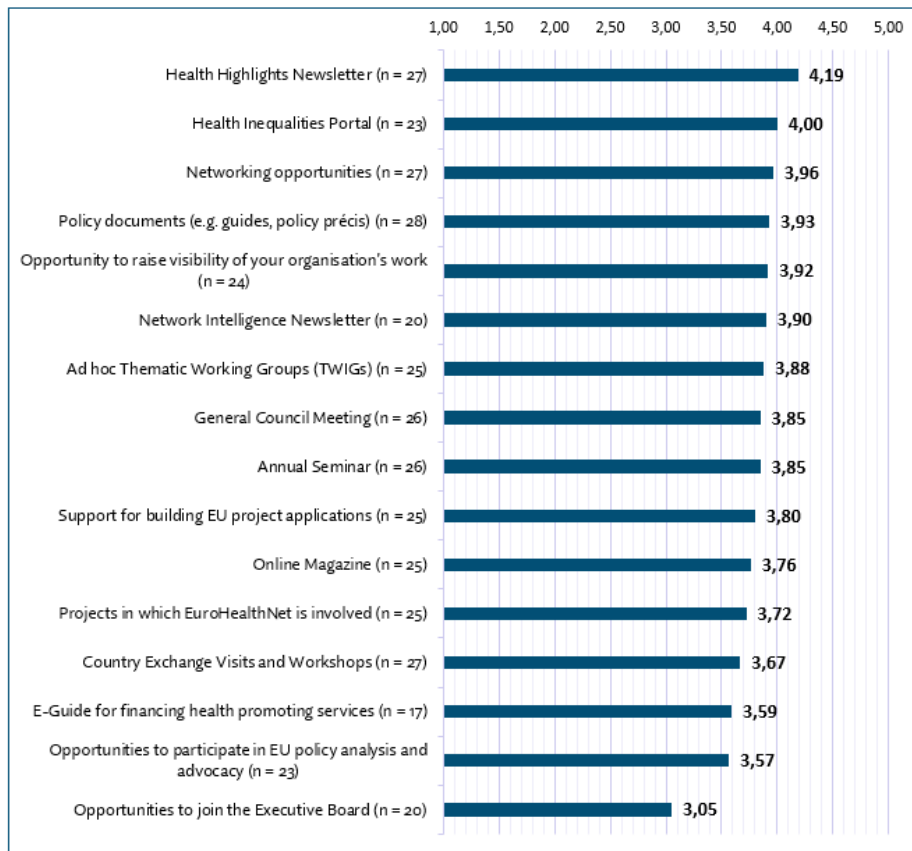
A (large) majority of respondents of the 2022 survey is familiar with the activities/services presented to them in the questionnaire ([Annex 5B – Figure A5.10](#)). This is especially the case for the policy documents (97% of the respondents are familiar with these outputs), the [Health Highlights](#) (96% of the respondents), the Country Exchange Visits (93%), the various networking opportunities that are offered (93%), the General Council meeting (90%) and the Annual seminar (90%).

A first finding related to the **relevance of these activities/services delivered by EuroHealthNet is that the average weighted scores given by members are high** (overall between 3,5 and 4/5). The top 3 relevant activities/services ([Figure 5](#)) is composed of the Health Highlights Newsletters (average weighted score of 4,19/5), the Health Inequalities Portal (4,00/5) and the networking opportunities that are provided (3,96/5). Opportunities to join the Executive Board are considered by respondents to be the least relevant (average weighted score of 3,05/5).

⁶ Policy and Strategy Meeting (21.02.2022), 1st Country Exchange Visit (4-5.05.2022), Annual seminar (31.05.2022), General Council Meeting (1.06.2022), Dialogue supporting the implementation of the National Action Plans of the European Child Guarantee between National Focal Points and members (6.09.2022), Capacity building workshop on ‘Inclusive participatory processes to design and implement initiatives to improve public health and reduce health inequalities (23.09 and 30.09.2022), Information and Matchmaking Day (21.10.2022), 2nd Country Exchange Visit (25.10.2022) and Podcast training for members (7.12 and 9.12.2022). The last two events were organised online.

⁷ Participations are counted as there are overlaps in participants of the key events.

Figure 5: Relevance of activity/service - only for those who are familiar with activity/service (average weighted scores – scale from 1 ‘no relevance’ to 5 ‘very high relevance’)



Source: Member survey 2022

The **General Council Meeting** is considered as one of the key events to inform members about relevant developments in the EuroHealthNet partnership and beyond. The **evaluation** of this meeting (June 2022) by participants shows positive results:

- For 79% (23/29) of those participants who have completed an evaluation form, the **sessions on official matters** were ‘excellent’; and ‘good’ for 21% (6/29).
- The **sessions of the Policy Platform** were for 57% of the participants (17/30) ‘excellent’ and ‘good’ for 40% (12/30).
- The **sessions of the Practice Platform** were for 57% ‘excellent’ (16/28) and ‘good’ for 43% (12/28).
- The **sessions of the Research Platform** were for 64% ‘excellent’ (16/25) and ‘good’ for 32% (8/25).

Overall, participants having completed an evaluation form, propose **more time for networking and interactions and sufficient opportunities for everyone to speak** (e.g. work in smaller groups).

The assessment of the activities/services offered by EuroHealthNet by members and the benefits that members can gain from EuroHealthNet is not only determined by the quality of what is offered and the extent to which it meets the need of members, yet also the national/regional and organisational setting play a role, e.g. openness to change, political support, etc, as explained by some respondents to the survey and confirmed in the interviews. At the same time interviewees explain **that involvement in EuroHealthNet can also contribute to changes at national level, to make systems’ change possible**. By bringing in key actors at national level in EU-level debates,

opportunities for benchmarking and peer learning are provided. **A collaborative approach is needed to make systems' change happen.** Bringing the key actors together is necessary to surpass 'symbolic change'. An example given is the organisation of events to promote social innovation in health whereby it is key to invite actors key actors who can make a difference at national level as well as to foresee in a follow-up of these events.

E. OFFICE

Over the year 2022 there were some changes in the composition of the staff: one staff member left and four new staff members joined the team; six staff members received a promotion. There is a clear link between the increasing number of projects ([Annex 2](#)) in which EuroHealthNet is involved and the growth of the Office, e.g. the capacity to do policy and communication work has increased as a result of being involved in research projects.

The **staff survey results reveal evidence of an Office team that is proud to be part of EuroHealthNet and overall satisfied with the working environment offered.** Staff is in particular satisfied or happy with:

- The flexibility offered at work (average score of 5/5 by 13 staff members).
- Knowing who to go to in case something unusual comes up (average score of 4,9/5 by 13 staff members).
- The support received in relation to keeping a work-life balance (average score of 4,71/5 by 13 staff members).
- Interaction with the colleagues and ability to freely communicate concerns, suggestions and ideas (both average score of 4,54/5 by 13 staff members).
- The recognition received from the supervisor (average score of 4,5/5 by 12 staff members).

While overall the average scores are high, the lowest average scores have been given to:

- Professional development opportunities (training, on-the-job learning) (average score of 3,53/5 by 12 staff members).
- Decision-making processes within the team (average score of 3,54/5 by 13 staff members).
- Planning in the Secretariat (average score of 3,54/5 by 13 staff members).
- Financial and non-financial compensation offered (average score of 3,56/5 by 13 staff members).

Based on the experiences of the evaluator, these are issues that are common to human resources management in EU-level networks, that have mostly flat organizational structures with limited budgets for formal training.

F. PROJECTS AND JOINT ACTIONS

The number of projects and alliances in which EuroHealthNet is involved, is steadily increasing, with a total number of 14 for 2022. The roles that EuroHealthNet takes up in these projects and alliances varies, e.g.:

- Coordination (e.g. [Coalition for Vaccination](#), [Schools4Health](#)).
- Communication, dissemination and exploitation of results (e.g. [BEST-COST](#), [CHAIN](#), [PSLifestyle](#), [RIVER-EU](#), [Label2Enable](#), [MENTALITY](#)).
- Engagement of stakeholders (e.g. [BEST-COST](#), [Invest4Health](#)).
- Shaping policy dialogues (e.g. [FEAST](#)).
- Development of conceptual frameworks (e.g. [BlueAdapt](#)).
- Contributing to the development of tools and testing of tools (e.g. [BlueAdapt](#)).
- Capacity building/upskilling/reskilling (e.g. [MENTALITY](#), [Invest4Health](#), [BeWell](#)).

Based on the data available, at least 1/3rd of the EuroHealthNet members is involved in one or more of these projects and alliances. It is interesting that also members that are not very active in EuroHealthNet (low engagement level) are involved these projects.

The projects provide many opportunities:

- All projects resulted in a strengthened partnership and an enhanced in-house capacity to implement projects.
- The projects also lead to more involvement in other initiatives and processes like invitation to high-level meetings (see paragraph 5.2. D).
- Projects also contribute to widening the partnership of EuroHealthNet (entrance point to new consortia and new member organisations joining the network).
- Results of projects are fed into the EuroHealthNet partnership, thereby contributing to capacity building of members.
- They help to identify experts in niche topics to consult and/or invite for events.
- Successes from Joint Actions ([JAHEE](#) and [BEST-ReMaP](#)) have led to an increased visibility and more respect among national governments of Member States.
- Based on the project findings articles have been delivered, leading to more visibility in research communities (see e.g. also growing number of research Associate Members).

G. PARTNERSHIP SUPPORTING TOOLS

In the EuroHealthNet General Council on 1 June 2022, the Partnership adopted the [Workplace Gender, Equality and Diversity Policy](#), which is an addition to the 'How We Work Framework' and the 'Employment Rules' that are in place in the Office. It aims to ensure that no employees and no job applicants receive unfavourable treatment on the grounds of their personal characteristics, such as gender, race, ethnicity, nationality, religion, disability, sexual orientation, age, marital or civic partnership status and family responsibilities. This Policy includes several actions and measures related to recruitment and selection, conditions of employment, communication and responsibilities for the implementation of the policy.

In implementing this policy, a more inclusive hiring procedure was created, e.g. rewriting job ads to avoid gendered language, guidelines on the anonymization of CVs and motivation letters are under development, ensuring a gender-balance in interview panels. Furthermore, knowledge is further developed in the Office e.g. on intersectionality by participating in a series of workshops on this theme. Communication activities were reviewed in the light of inclusiveness and diversity.

H. FUNDING

The income mix of EuroHealthNet is mainly composed of EC funding through the ESF+ programme, membership fees and projects. For 2022, this leads to the following picture:

- 53,5% programme funding (ESF+ core Operating Grant 2022-2025).
- 27,5% project funding.
- 19% membership fees.

This means that about 80% of the funding is restricted, i.e. coming with terms and conditions about what the funds may or may not be used for. Membership fees might be considered as 'unrestricted' in the sense that as long as the fees are used to implement the SDP to achieve the mission, there are no specific conditions formulated. Yet, membership fees are for about 79% used to co-finance programme and project funding. Besides flexibility of the use of funding, continuity is a second indicator. Based on the Office data, most of the funding lasts for 2 years or more, including project funding. To access programme funding, an annual proposal needs to be

submitted, however during the past years EuroHealthNet built up a strong working relationship with EC services.

Literature⁸ suggests that strategically it is important to ensure a balanced mix between restricted and unrestricted funding. “A financially stable organisation is one that can continue with its core work even if external donor funding is withdrawn” (Hailey, 2014)⁹. Financial diversification has been implemented by EuroHealthNet mainly through the many projects in which EuroHealthNet is engaged. Finding alternative funding sources is a quest in which many (if not all) EU-level networks are engaged and which surely presents important challenges for the future.

5.2. Contribution to the implementation of the EPSR principles and related initiatives (POLICY Platform)

Based on the SDP (2021-2026), this policy work of EuroHealthNet encompasses objectives and activities that support shaping policy, practice and increase capacities of the various actors of the health community and beyond. A Policy and Advocacy Plan for 2022 is available, covering a wide EU policy agenda allowing all members to engage. In [Table 3](#) an overview is presented of the objectives and activities related to this policy work.

Table 3: Objectives, activities and indicators related to EuroHealthNet policy development and implementation

ESF+ work programme objectives	ESF+ work programme activities
Contribute to and influence national and EU policy making to achieve the EPSR objectives, improve social resilience and tackle health inequalities.	2.1 Annual Policy and Advocacy Action Plan.
Facilitate and encourage implementation of EPSR action plan at (sub)national levels by demonstrating how this can be done - in particular for a wider public health audience.	2.2 EPSR Action & Implementation Manual: Health in All Principles.
Ensure progress and (sub)national public health stakeholders' engagement on the EU social model and European Semester by highlighting impacts on health equity.	2.3 European Semester analysis: health equity and social inclusion through the Recovery and Resilience Plans.
Raise awareness of the link between health and social rights, employment and sustainability policies that benefit all EU citizens and advance on the Economy of Wellbeing	2.4 Contribute evidence to relevant policy initiatives and strategies at EU level and highlight needs and potential of public health actors.
Informed national, regional, and local policy makers and professionals on EU policies and funding, and prepared to act.	2.5 Policy briefings, Guiding implementation at (sub)national and local levels.

⁸ CIVICUS, (2017), *Developing a Financing Strategy*, MANGO, (2010), *Types of funding*, Hailey, J. (2014), *Models of INGO Sustainability: Balancing Restricted and Unrestricted Funding*. Policy Briefing Paper No.41. Oxford: INTRAC

⁹ Hailey, J., (2014), *Models of INGO Sustainability: Balancing Restricted and Unrestricted Funding*, Policy Briefing Paper No.41. Oxford: INTRAC

<p>Nurture and strengthen impactful, timely and evidence-based cooperation with EU-level social and health actors and international bodies to ensure complementarity with the EPSR's implementation and EU added-value.</p>	<p>2.6 Reinforce cooperation and build networks with key social and health actors to expand reach and influence.</p>
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A. AWARENESS RAISING OF EU-LEVEL AND INTERNATIONAL POLICY FRAMEWORKS AND INSTRUMENTS

EuroHealthNet's provides monitoring and analysis of relevant policies for its partners and international bodies, in line with the "[health in all policies](#)" approach, through its Policy Platform. In 2022 activities were developed and implemented to support the implementation of EU-level and international policy frameworks and instruments. Members were asked in the 2022 survey and in the interview whether these activities contributed to raising awareness and knowledge about these policy frameworks, and more in particular:

- The European Pillar of Social Rights and other EU-level frameworks and tools to reduce health inequalities.
- The European Semester and other EU level frameworks for socio-economic coordination such as the European Care Strategy. The European Semester is considered to be a relevant instrument to monitor and coordinate EU economic and employment policies, with more attention in recent years for social rights.
- The European Health Union and initiatives like the 'Healthier together - EU non-communicable diseases initiative'.
- The WHO European Programme of Work (2020-2025) and its flagship initiatives (e.g., the Pan-European Mental Health Coalition, Behavioural and Cultural Insights flagship).

Not all frameworks and instruments mentioned in the questionnaire are known to the respondents, yet, they are interested in receiving more information. Respondents explain that the questionnaire itself raised awareness about the existence of these frameworks and instruments. Throughout 2022 communication and engagement activities were organised about these initiatives, both addressing members and external stakeholders, however, respondents also mention **the large amount of information that is provided by EuroHealthNet and that some of even key information might get lost.**

For example on the 8th of December 2022 the [EuroHealthNet's 2022 European Semester report](#) was published and got 500 views in only one month till the end of 2022. It contained a summary of the European Semester analytical methodology, findings, policy recommendations, and country profiles for participating Member States. The report was accompanied by an [interactive webpage](#) in which readers could quickly access key findings and insights from the report. The launch was purposefully coinciding with a policy debate on the European Semester 2023 cycle in the [European Council \(EPSCO\)](#), taking place the same day and accompanied by a [press release from EuroHealthNet](#) on the 9th of December 2022. The European semester report press release lead to an extra 408 clicks to the Semester website and 165 additional downloads to the semester report. Interviews with 24 public health experts, including members were done to make this analysis. These interviews as well raised awareness about the EU-level policy frameworks and tools.

Examples:

- During the Country Exchange Visits (on Social Prescribing in May 2022 in Lisbon and on psychosocial wellbeing in the workplace for older workers online in October 2022), relevant EU-level and international policy frameworks and instruments were presented to the participants (19 in Lisbon and 66 for the online event). Reports were produced based on the presentations and discussions during both events.
- During the online Information and Matchmaking Day organised by EuroHealthNet in October 2022, 79 participants from 28 EuroHealthNet member organisations joined the session to hear an overview of the 2023-2024 Horizon Europe work programme and to discuss selected Horizon Europe opportunities in “matchmaking sessions”. An internal report was made available after this event.

Overall, information about these EU-level and international policy frameworks and instruments was disseminated through the EuroHealthNet [website](#), through the monthly Newsletters ([Health Highlights](#)), the [EuroHealthNet Magazine](#) (2 editions in 2022), the [news releases](#) (10 in total in 2022), videos (3 in total in 2022, on the [Economy of Wellbeing, psychosocial risks and supporting mental health of older workers](#) and one to be published in 2023 on gender diversity). Two Policy Précis¹⁰ were published, as foreseen, one of the [Economy of Wellbeing](#) and one on [health promoting care systems](#). The respective webpages can be translated by machine translation. This has been a success so far since there are 2,237 views till end of 2022 for the Policy Précis on the ‘Economy of Wellbeing’ that was published in May 2022 and 1,149 views till end of 2022 for the Policy Précis on health-promoting care systems that was published in September 2022.

Furthermore, six statements and position papers were published in 2022 related to the principles of the EPSR, i.e. on gender equality, on childcare and childcare services and on long-term care (themes on which also the first Flashcards that are available – see further paragraph). These statements and position papers were published within coalitions and an alliance of which EuroHealthNet is part (a [coalition of civil society organisations and academic and research institutions committed to gender equality and women’s rights](#), the [EU Alliance for Investing in Children](#) and the [Civil Society Organisations Coalition on long-term care](#)).

Also during the [EuroHealthNet Policy and Strategy meeting](#) (February 2022) as well as during the [General Council Meeting](#) (June 2022) information was provided on relevant EU-level and WHO-frameworks for members to engage with (e.g. [EU4Health](#) and [Horizon Europe](#) Programmes for 2022, as well as the [Recovery and Resilience Funds \(RRF\)](#), the [European Semester](#), the [European Pillar of Social Rights](#), the [Technical Support Instrument](#)). The evaluation forms of the Policy and Strategy meeting show that the meeting was very helpful in providing an overview of EU policies and EuroHealthNet activities (average weighted score of 4,53/5). Based on the evaluation forms related to the General Council Meeting, 88% (23/26) of the participants stated that following the discussions of the Policy Platform within the Meeting, their understanding about the EPSR has increased. 52% of the respondents (14/26) considered their work to be directly contributing to the implementation of the EPSR. There are various explanations possible for this rather low figure, e.g. that for members it is not always visible what the direct link is between their work and the

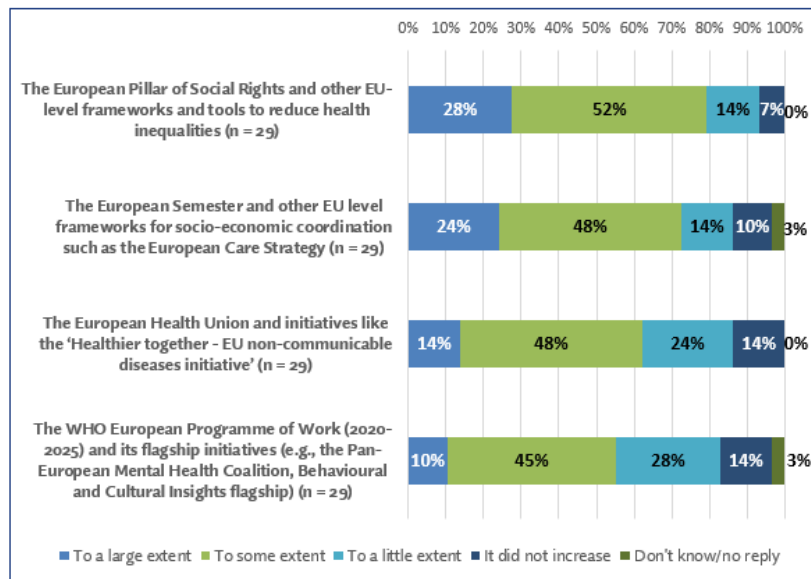
¹⁰ ‘ Policy Précis’ give an overview of the state of affairs related to a specific theme as well as the pathways to take action. This is a tool to ‘translate’ EU-level policies/frameworks to the level of practices of members.

EPSR. Furthermore, evaluation forms show that some members feel that the work at national level has a rather traditional, narrow approach to public health and health promotion and therefore, not directly contributing to the implementation of the EPSR.

During the General Council meeting in June 2022 break-out sessions were organised to take forward the EPSR. During the same General Council meeting, the [Flashcards](#) were introduced as a tool designed to help public health professionals and decision-makers contribute to the implementation of the EPSR. They demonstrate how EPSR principles can contribute to achieving health and wellbeing. Each flashcard explores a different principle and sets out what public health authorities across Europe are doing to help build progress. Currently, Flashcards are available on three principles of the EPSR, i.e. Work-life Balance (principle 9), Childcare and child services (principle 11), and Long-term care (principle 18). A time-line is available on the website for the release of further Flashcards. The input of members based on their own practices was important to make the new Flashcard Tool practical and approachable for other public health and social actors. While being prepared in 2022, the Tool was officially launched in February 2023, linked to the delivery of the [European Union's High-Level Group's final report on the future of social protection and of the welfare state](#). A news release was published as well as posts on social media ([Twitter](#), [Facebook](#) and [LinkedIn](#)). The Tool had so far 732 views. Furthermore, the Flashcards were included in the [EU's Health Policy Platform](#), an interactive tool (facilitated by EC services) to boost discussions about public health concerns, share knowledge and best practices. There is no further data available yet about the use of the Flashcards by members, except that the topic was covered in a Newsletter of one of the Dutch members. Moreover, the evaluation forms of the Policy and Strategy meeting of February 2023, show that participants estimate interest within their organisation to cooperate with EuroHealthNet on the Flashcards.

The survey findings ([Figure 6](#)) reveal that through participation in EuroHealthNet, especially awareness was raised about the European Pillar of Social Rights and other EU-level frameworks and tools to reduce health inequalities (for 28% of the respondents to a large extent, for 52% to some extent, with average weighted score of 3/5) ([Annex 5B – Figure A5.12](#)). Overall, the average weighted scores related to awareness raising about these EU-level and international frameworks and instruments are not very high (varying between 2,54 and 3/5). Various explanations are possible, e.g. not having been able to identify information related to these specific topics in the stream of information provided throughout the year, some members explain that their first focus is national/regional level, others point to the situation that they are directly involved in EU-level and/or international structures and processes, making EuroHealthNet not the first information source. During the interviews an additional explanation was given, i.e. information on these EU-level frameworks and instruments becomes only relevant when there is an opportunity to use this information. It might well be that only after a while the value of the information provided is valued and implemented.

Figure 6: Due to your participation in the EuroHealthNet Partnership, to what extent did your awareness and knowledge of the following topics increase? (percentages)



Source: Member survey 2022

All respondents share the information that they acquire through EuroHealthNet with colleagues in their organisation (59% on a very regular basis, 24% on a regular basis, 17% sometimes), which is confirmed in the interviews. **This is important as a facilitating mechanism for organisational learning, beyond individual learning.** Interviewees explain at the same time the challenges encountered in finding effective ways to distribute the relevant information to the relevant people in their organisation and within their broader community of professionals. Information is overall less shared with other partners and members or with other stakeholders (like national level platforms and regional bodies in the health sector or partner organisations) ([Annex 5B – Figure A5.13](#)).

B. INVOLVEMENT OF MEMBERS IN POLICY DEVELOPMENT

Based on the 2022 survey, members' involvement in policy development processes depends on the policy level ([Annex 5B – Figure A5.14](#)):

- 41% (12/29) of the respondents state they are involved in policy development at regional level.
- 55% (16/29) at national level.
- 24% (7/29) at EU-level.

A majority of them have used the information/outputs provided by EuroHealthNet related to relevant policy development ([Annex 5B – Figure A5.15](#)). Various examples are provided on the use of this/these information/outputs. There is for instance an increasing uptake of the [Factsheet on the EPSR \(2020\)](#) presenting a brief overview of the EPSR and the related Action Plan.

Examples of use by respondents of the 2022 survey of information/outputs of EuroHealthNet in policy development processes:

- The information of EuroHealthNet is a good source for awareness raising and background information including facts, data and arguments for health promotion and prevention.
- The 'Economy of Wellbeing' Policy Précis is used in discussions with national authorities.
- The information provided by EuroHealthNet on the European Semester helped to raise awareness about the process. This information could be used in work with other EU-level networks.

Interviews with members from eight Member States¹¹ done by the EuroHealthNet staff to prepare the 2022 European Semester report show that a majority of them are or have been involved in policy development at national/regional level. Through these interviews members provide indirectly a contribution to EU-level processes.

C. REINFORCING COOPERATION AND BUILDING NETWORKS WITH KEY ACTORS

EuroHealthNet has a vast number of cooperating partners, through the partnerships and alliances it has formed and joined over time, alongside the various projects in which the team is involved (see [Annex 2](#) for an overview of the latter). EuroHealthNet has signed a Memorandum of Understanding with WHO Europe, whereby the cooperation is mainly linked to the [European Programme of Work of the WHO](#) (2020-2025). This Programme identified four flagships, i.e. the Pan-European [Mental Health Coalition](#), [Empowerment through Digital Health](#), the [European Immunisation Agenda 2030](#) and [healthier behaviours](#).

Furthermore, EuroHealthNet is involved in a number of Alliances, to amplify its call for better health, equity and wellbeing, i.e. the [European Alliance for Investing in Children](#)¹², the [European Alliance for Mental Health](#)¹³ and the [Coalition for Vaccination](#)¹⁴.

EuroHealthNet is a partner in [CHAIN's](#) (Centre for Global Health Inequalities Research) Global Health Inequalities project (2019-2025), which aspires to make CHAIN a world-leading centre and research network for the international study of global health inequalities. CHAIN brings together researchers from all over the world and from different disciplines to offer new insights from experiments to the mechanisms linking socio-economic status and health. Working with CHAIN gives further credibility in the research community. CHAIN is much involved in primary data collection for health inequalities, which helps to shape the evidence-based and evidence-informed recommendations delivered by EuroHealthNet.

EuroHealthNet cooperates with the [South-Eastern European Health Network](#) (SEEHN) on the basis of a Memorandum of Understanding to improve public health in South-Eastern Europe. The SEEHN is a political and institutional forum set up by the governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the Former Yugoslav Republic of Macedonia. This forum aims to promote peace, reconciliation and health in the region.

Based on interviews with (a limited number of) external partners, the **main drivers for them to cooperate with EuroHealthNet are diverse:**

- The approach of EuroHealthNet, i.e. to invest more in health promotion and prevention (described as a forward looking vision).
- The larger perspective on health, addressing other determinants of health beyond individual issues, which is considered to be the way forward.
- EuroHealthNet as a strong partner representing a variety of stakeholders.

¹¹ In total interviews were held with 24 public health experts.

¹² Bringing together over 20 European networks sharing a commitment to end child poverty and to promote child well-being across Europe.

¹³ An informal coalition of 8 European organisations, aiming to promote mental health and well-being in the workplace, to advocate for equal access to the labour market for all people experiencing mental ill health and to stimulate policy developments at EU level in these domains.

¹⁴ 27 organisations aiming to support the delivery of accurate information to the public, combating myths around vaccines and vaccination, and exchanging best practices on vaccination.

- EuroHealthNet as a key source of building evidence because of the network/partnership it represents.

Partners argue that EuroHealthNet could increase its visibility and engagement in the European Health Data Space as well as in the Committee of the Regions (see e.g. the [Committee of the Regions' Resolution of 2020](#) with priorities for 2021-2025 in which territorial foresight initiatives and activities aimed at the social, economic and health related resilience of regions and cities are considered (paragraph 39). Furthermore, the role of regional and local authorities in delivering public health care is stressed (paragraph 52).

D. CONTRIBUTE EVIDENCE TO POLICY DEVELOPMENT

Through various activities, EuroHealthNet has the capacity to translate practice and research evidence into policy development and thereby contributing to influence policy making to achieve the EU-level objectives and tackle health inequalities, e.g.:

- Through **projects**: (see also paragraph 5.1. A – F on projects and alliances).
- Through the work of the **TWIGs** on portals influencing DG SANTE, like the TWIG on Best Practice Portals. The [DG SANTE Best Practice Portal](#)¹⁵ and this specific TWIG have mutually supported one another in developing articles on the use and relevance of such best practice portals. Furthermore members sometimes submit practices in response to calls, whereby one of the practices was selected. Practices that are identified/assessed as 'best practice' are published in the Portal and are brought to the attention for further transfer and broader implementation, thereby potentially influencing policies and practices.
- **Through responses to consultations.** In 2022, 18 responses to consultations and statements were developed and submitted related to relevant EU policies and initiatives¹⁶. In addition, EuroHealthNet also replied to three different public consultations from the WHO in 2022. These consultations and statements, which included contributions from the membership, were published on the EC 'Have Your Say' portal and the [EuroHealthNet website](#). Some of these policy consultation responses (and policy briefings) were developed not only with support from the members but also in order to have common messages targeted towards a wide range of policy makers at EU and (sub)national levels.

¹⁵ This Best Practice Portal is designed to help to find reliable and practical information on implemented practices recognised as being the best in the area of disease prevention, health promotion and the management of non-communicable diseases. Practices can be submitted for assessment against criteria adopted by the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases.

¹⁶ Herewith exceeded the 10 planned responses/ statements to public and targeted consultations on EU policies and initiatives.

Examples:

- EuroHealthNet has commented on the establishment of the [European Health Data Space](#) (EHDS) as it could improve monitoring and prevention systems, as well as enhance the ability of people to better understand and engage in their own wellbeing via multiple applications and tools. Throughout the development process of the EHDS, EuroHealthNet [has participated in all consultation processes](#), including public consultations, requests for feedback and the work organised within the [eHealth Stakeholder Group](#).
- EuroHealthNet delivered a [contribution](#) towards the Roadmap for the [EU Strategic Framework on Health and Safety at Work \(2021-2027\)](#). One of the main recommendations was to steer Member States to address mental health and psychosocial risks in their national occupational safety and health strategies, including adequate resource allocation for preventative actions with specific focus on the high risk groups.

- **Through direct input into EU-level initiatives** like the European Semester process. EuroHealthNet closely monitors and analyses the implementation of the national Recovery and Resilience Plans, the European Semester and subsequent contribution to achieving Economies of Wellbeing. Facilitating the international exchange of good practice and experience in this area can generate learning and build the competencies of policymakers, investors, and professionals for a fair and inclusive Europe. Meetings with EC policy makers were held presenting outcomes of the EuroHealthNet Semester analysis. Two Policy Précis were published in 2022 ([Economy of Wellbeing](#) and [health-promoting care systems](#)). Additionally, a series of 13 statements and position papers was released in 2022 contributing to the visibility of EuroHealthNet’s advocacy position.
- **Participation in high-level meetings** where EuroHealthNet can influence policy agendas, like:
 - Participation in the [EESC public hearing on the European Emergency Preparedness and Response Authority](#) (January 2022).
 - The WHO Regional Committee for Europe (72nd session in September 2022). In the framework of this event, EuroHealthNet has delivered and was involved in [four statements](#) in total.
 - the presentations of the Director of EuroHealthNet at the Gastein European Health Forum in September 2022 on the [Economy of Wellbeing, co-benefits through health promotion and delivering on EU health equity](#).
 - The Director being invited to join the [International High-Level Group on the Economy of Wellbeing¹⁷](#), which is the result of connections built.
 - Participation in the [European Public Health Conference](#) (November 2022 in Berlin). Six staff members attended the Conference and participated in various sessions as a speaker, chair or moderator. As one of the [exhibitors](#) EuroHealthNet could demonstrate its expertise and showcase its innovative approach and activities, had visibility with delegates and could create new contacts in the European public health community.

¹⁷ Finland has set up an international high-level group of experts including the WHO, the OECD, the Commission, the Wellbeing Economy Alliance and EuroHealthNet. The aim of the Group is to bring together international and multi-sectoral expertise to develop the Economy of Wellbeing as a tool of policymaking and action as well as to enhance international cooperation on the theme. The Group shares knowledge and ambitions on the policies and activities supporting the Economy of Wellbeing. It is a high-level platform for networking and joint discussion about opportunities, challenges and the way forward for the Economy of Wellbeing

- **Setting up meetings** with EU-officials, other EU-level and international level stakeholders and decision-makers as well as with national and regional authorities as well as inviting key policy stakeholders to EuroHealthNet events.

Examples:

- The EuroHealthNet’s Annual seminar took place in May 2022 in Brussels as an in-person seminar gathering 105 experts and policymakers, representing over 20 countries. The topic of the Annual Seminar 2022 was ‘Growing strong in times of crisis – Investing in wellbeing and health equity for young and old’. EC Officials from DG EMPL, DG SANTE and DG EAC participated in the seminar. The Seminar resulted in a [report](#) available on the website.
- A ‘Dialogue supporting the implementation of National Action Plans of the European Child Guarantee between National Focal Points and members’ was organised online in September 2022. 15 participants including representatives from national and regional authorities were brought together. The event and resulting report aimed to assemble (plans for) activities and the associated needs to achieve the strategic objectives set in the National Actions Plans to implement the EU Child Guarantee by 2030.

- Through **Partnerships, Alliances and membership** (see also previous paragraph):
 - EuroHealthNet’s is an [accredited observer](#) of the [United Nations Framework Convention on Climate Change](#), which might add further credibility to its work around [climate](#).
 - Since mid-2022 EuroHealthNet is member of [European Wellbeing Economy Coalition](#), which is an informal group recently set up and composed of civil society organisations, think tanks as well as trade unions active in the fields of wellbeing, to achieve a wellbeing economy. The contribution of EuroHealthNet is to ensure that the health aspects of wellbeing economy are considered in the discussions and outputs. Further common work will be undertaken towards the 2024 European elections.
 - EuroHealthNet is a WHO accredited non-state actor, leading to other collaborations.
 - [Healthier Together](#)’ initiative, focused on determinants of health (through participation in stakeholder meetings, mobilising members to advocate through SGPP¹⁸ and at meetings of the ‘Healthier Together’ initiative.

Uptake of messages

Various examples are available of how members have used outputs/material from EuroHealthNet in their own work. Furthermore, at policy level, examples of evidence can be identified of the influence of the work of EuroHealthNet on discourses, i.e. more attention is paid to messages and developments that have been advocated for by EuroHealthNet.

It should be noted that advocacy efforts can pose assessment challenges. Policy change is often a complex, long-term process, involving a number of actors. Linear ‘cause and effect’ thinking contradicts the complex process of advocacy. Yet, it is possible to find indications of the contribution of EuroHealthNet to changes in discourse and uptake of messages: e.g.,

- **Economy of Wellbeing**: In various inputs into EU-level consultations and processes, EuroHealthNet has been advocating for taking forward Economy of Wellbeing approaches, like e.g. in the stakeholders [consultation](#) on the ESF+/EaSI strand work programme 2022. The (oral and in written) interventions of EuroHealthNet to the draft outcome statement of the ‘WHO European Regional High-level Forum on Health in the Well-being Economy’ (March, 2-3, 2023) about the issue of prevention was taken up in the last version of this document.

¹⁸ Steering Group on Health Promotion, Disease Prevention and the Management of Non-Communicable Diseases

- **Mental health:** As a matter for priority for the EC Roadmap on Ageing, EuroHealthNet [recommended](#) amongst others to prioritise preventive measures within primary health care, focusing on chronic and noncommunicable diseases, including mental health and cognitive functioning.

This message was taken up in the [EC Green paper on ageing](#) (p 21): “The COVID-19 crisis has highlighted the **general importance of mental health**. Lockdowns have had a significant impact on very old, frail people living in residential care, who often do not have access to - or the skills to use - digital communication. Investing in digital skills, community development and intergenerational cohesion can **prevent the deterioration of mental health and well-being and reduce inequalities**”.

EuroHealthNet followed closely the conclusions of the [Conference on the Future of Europe](#), which ended in May 2022 and was invited to be involved in supporting some of the sessions. EuroHealthNet – amongst other contributors - highlighted the importance of an EU strategy on mental health as an outcome to the conference conclusions and that this was later taken up by Commission President von der Leyen in her State of the Union of September 2022 (announcing an EU initiative on mental health for 2023). EuroHealthNet voicing this message, along with other civil society organisations has likely contributed to this.

As a follow-up of the announcement by Commission President von der Leyen, the EC published in January 2023 a call for evidence on ‘A comprehensive approach for mental health’. During the consultation period (18 January 2023 – 15 February 2023), 313 responses were received, including a contribution from EuroHealthNet.

- The **promotion of social innovation approaches to health**, like social prescribing, e.g. [Country Exchange Visit in Lisbon](#) – May 2022. This Country Exchange Visit led to members speaking at the European Public Health Conference¹⁹ (EuroHealthNet organised one plenary session on [‘reorienting health services, drawing attention to the link between health services and the principles of the EPSR’](#)), articles in the EuroHealthNet Magazine (e.g. [by Professor Martin Dietrich on social innovation in times of crises](#)).
- **Prevention and health promotion** is higher on agenda’s (EU-level in the Health Programmes; enshrined in the mission of the WHO and Member States – see e.g. [comparative study in which EuroHealthNet was involved in 2018](#), as mentioned in strategic documents), as well as digital health literacy and health inequalities (COVID-19 as ‘stimulating’ factor) (see e.g. accelerating digital health literacy in Horizon2020 and [lessons learned from COVID-19 publication](#) by the EU Health Coalition in which reference is made to importance of digital health literacy).

Furthermore, based on an analysis of input provided by EuroHealthNet into EU-level and international level policy processes and documents published by the respective authorities, there is evidence of the uptake of messages conveyed by EuroHealthNet to a certain extent. *Yet, again it should be noted that it is difficult to identify a direct relationship between input provided by EuroHealthNet and the (adapted) content of a policy document, as other stakeholders also deliver input that can be similar to EuroHealthNet.*

¹⁹ November 2022 in Berlin; an high-profile annual event for researchers, attracting an average of 2.000 participants. EuroHealthNet was involved in various sessions as speaker, chair or moderator.

Some examples:

- **In relation to the energy transition:**

- EuroHealthNet provided [feedback](#) on the background note for the Council Recommendation on addressing the social and labour aspects of the just transition towards climate neutrality. In addition to the measures outlined in the Council Recommendation to facilitate a just transition towards climate neutrality, EuroHealthNet suggested amongst others that: **Designing fair tax-benefit and social protection systems**, [...] should not only address the progressive taxation of environmentally harmful products but also **encourage subsidies for green and sustainable products**, making them affordable for all.

In the [Commission Proposal](#) for a Council Recommendation (p28 – paragraph 7): *“Mobilise public and private financial support and provide incentives for private investments into renewable energy sources and energy efficiency, complemented by advice to consumers to better manage their energy use and to take informed decisions on saving energy, in order to lower their energy bills, targeting vulnerable households and communities especially. To this end, ensure the availability of proper funding for those measures, including by improving the quality of public expenditure, making optimal use of the Social Climate Fund, and drawing on the budgetary resources created by energy and environmental taxes and the EU Emissions Trading System”*.

- Furthermore, EuroHealthNet recommends: **Enabling affordable access to essential services for all with a focus on vulnerable groups and regions**, [...] needs to further reflect the narrative of mitigating the ‘distributional impacts’ of climate change and include people along the socioeconomic gradient. Whilst it is essential to target services towards the vulnerable and marginalised community, this policy package should also advocate affordable access along a social gradient and through proportionate universalism, to capture the larger population group which lives in sub-optimal conditions but is not considered vulnerable.

In the Commission Proposal: (p12): *“[...] recommend to Member States to establish and implement comprehensive and coherent policy packages for a fair green transition with a view to providing active support to quality employment; ensuring access to quality and inclusive education, training and life-long learning; providing for fair tax-benefit and social protection systems; ensuring access to affordable essential services and housing as part of the transition towards climate neutrality”*.

- During her presentation at the EuroHealthNet Policy and Strategy Meeting (February 2022), the Director Social Affairs of DG EMPL expressed her appreciation of EuroHealthNet’s value for capturing and ensuring synergies between health and social inclusion policies of the EC, with a particular attention for health inequalities and socio-economic determinants of health, as well as the strong interest in the Economy of Wellbeing approach.
- A call for evidence was launched by the EC on the 1st of March 2022 in relation to the [European Care Strategy](#), amongst others aiming to ensure that people who need care have access to good quality affordable care at all life stages. 123 contributions were received, amongst others from EuroHealthNet, stressing the importance of healthy ageing in this Strategy. ‘Healthy ageing’ was one of the most recurrent topics raised during the consultations, as well as prevention²⁰. The fact that healthy ageing and prevention are mentioned in the final [Communication](#)²¹ is not only resulting from the advocacy work of EuroHealthNet, but its voice emphasised and strengthened the message, thereby contributing to the final text.

²⁰ [EC, \(2022\), Commission Staff Working Document Summary of consultation activities. Accompanying the document Commission Communication on the European care strategy \(COM\(2022\) 440 final\)](#)

²¹ EC, (2022), Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care Strategy (SWD(2022) 440 final)

5.3. Strengthening the capacities, competency and knowledge of members and stakeholders (PRACTICE Platform)

The Practice Platform supports the implementation of strategies and methods to reduce health inequalities through putting research into practice, to help members to build capacity and share knowledge about ‘what works’ and to support members to reinforce resources amongst others by the use of EU (funding and policy) instruments for the implementation of cost-effective and sustainable health practices, policies, and programmes. In the ESF+ grant these goals are operationalised through the objectives and activities in [Table 4](#).

Table 4: Objectives, activities and indicators related to EuroHealthNet capacity development of members and stakeholders

ESF+ work programme objectives	ESF+ work programme activities
Increase use of EU funding to act on improving health and social equity and incentivise shift to prevention, health promoting services and sustainable health care.	3.1 Help improve access to funding and financing for health-promoting services and systems.
Increase competencies and opportunity of members to act, engage and implement EU policy instruments such as EPSR, Child Guarantee, Semester CSRs etc.	3.2 Identify and engage members in timely opportunities on EU policy, practice and research at EU and cross-country levels, and expanding outreach.
Boost effective, timely and evidence-based action on social rights, health equity and on the ESPR overall through strengthened capacities.	3.3 Capacity building through workshops and twinning.
Create enabling conditions for better upscaling of successful projects and results.	3.4 Build and monitor relationships with national liaison points on EU policy and processes implementation.
Promote innovation and cooperation to bring action against health inequalities beyond the state-of-the-art.	3.5 Establish and manage flexible expert Thematic Working Groups (TWIGs) and ad hoc reference hubs.
Contribute to close EU Member States alignment on policies and practice, boost cross-country learning and maximise added value of EU actions.	3.6 Organise Country Exchange Visits to ensure exchange and uptake of best practices across countries, regions and sectors.

Based on the 2022 survey results, more respondents have used the information provided on EU-level financial/funding instruments²² (66%), compared to those having used the information on EU-level policy instruments (55%)²³ ([Annex 5B – Figure A5.16](#)). Information on financial/funding and policy instruments was amongst others delivered during:

- the **Information and Matchmaking Day** (October 2022), focusing on the Horizon Europe research and innovation programme with 79 participants from 28 EuroHealthNet member organisations to discuss selected Horizon Europe opportunities in small group “matchmaking sessions”. The evaluation forms show a positive result of this Day providing information on Horizon Europe and tips for preparing applications (average weighted score of 4,32/5). 19/22

²² Multiannual Financial Framework (MFF), Recovery and Resilience Facility (RRF), EU4Health, Horizon Europe, Erasmus+, ESF+, etc.

²³ EPSR, Child Guarantee, European Semester Country Specific Recommendations, Technical Support Instrument, etc..

participants completing an evaluation form gave an absolute 'yes' as to whether they would be able to apply learnings from this event in their work. So far, this did not yet lead to the formation of any research consortia.

- the **Country Exchange Visits (CEV)**:
 - 4-5 May 2022: The first Country Exchange Visit: the Country Exchange Visit in Lisbon (Portugal) with 19 participants from 9 different countries, focused on **social prescribing** and was held in a hybrid (but predominately in-person) format. Strategies and practices of social prescribing (or other strategies for services in the community) from EuroHealthNet member institutes were presented and discussed with an overview on what works (or doesn't) and why in practice. Following the site visits, participants gathered for a final discussion on what they had seen and learned from one another, and to reflect on what could be done to strengthen community care models and relevant approaches, in particular social prescribing. As a follow-up of this CEV an article was written by one of the participants on '[Social prescribing in Austria: First steps towards implementation](#)' by Dr Daniela Rojatz and further networking was done between participants, facilitated by the EuroHealthNet Office. Another article was published on 'social prescribing' in cooperation with the Health Observatory in Berlin.
 - 25 October 2022: 2nd Country Exchange Visit (Online): The second Country Exchange Visit was held online as a webinar with 66 participants and focused on 'Addressing **psychosocial risks and supporting mental health of older workers**: policy and practice in action'. The session was open to both members and interested partners and offered opportunities to exchange on practices and opportunities to improve psychosocial wellbeing in the workplace for older workers.

Country Exchange Visits are considered as islands of good practices on a given theme; they are sources of advice, participants can find each other to work on specific topics. These meetings help to define topics for members/internationally, especially when they are new/less explored like 'Economy of Wellbeing' or social prescribing or healthy living environments. They create opportunities to reflect on how to work further on integrated care. With an average score of 4,75/5 for the Lisbon on whether the event matched the expectations of the participants and 4,33/5 for the online event, these CEVs contributed to build capacity of participants on 'what works' in relation to the selected topics and contribute to knowledge creation and exchange on social innovations in health.

Furthermore, an online **Dialogue** was organised (September 2022) between National Focal Points²⁴ and members of Spain and Slovenia. In total 15 participants took part in this Dialogue supporting the implementation of National Action Plans of the European Child Guarantee. The evaluation forms of this meeting show positive results, i.e. an overall assessment score of 4,25/5. Some members would benefit from receiving information on developments on **health promotion and prevention in other continents** (United States, Canada and Asia).

Specific **outputs and tools** have been developed by EuroHealthNet in the recent past helping to strengthen the capacity of the partnership and beyond:

²⁴ The National Focal Points (NFP) are the national experts for various EU and WHO related initiatives in EU countries and participating countries. NFP representatives are appointed by their national health ministries. EuroHealthNet has developed a specific directory of NFPs for the main EU programmes relevant to health. This directory is for members' only.

- [e-Guide for financing health promoting services](#) (2020), illustrating a spectrum of approaches to mobilise resources to finance the delivery of health promoting services that benefit health and wellbeing for all. The e-Guide encourages health and social planners and policy makers at all levels to address this issue, and to find innovative ways to invest in health and wellbeing. 59% of the respondents of the 2022 member survey state that they are familiar with this e-Guide, with an average weighted score of 3,59/5 for relevance. Traffic to this e-Guide on the EuroHealthNet website grew with 42% from 2021 to 2022 (4.408 in 2022 with 2.286 visitors).
- [Public Health Foresight](#) (2021), reflecting insights from a group of senior public health officials from national and regional public health agencies across Europe into some of the most pressing societal challenges and trends for public health in the years ahead, adopting a broad definition of health which encompasses social and environmental factors.

EuroHealthNet encourages innovative approaches to health promotion by members, e.g. through **projects**, giving the opportunity to work with members to learn and share intelligence and learning to new opportunities with improved connections and intelligence and through the **TWIGs**. Members are encouraged to join these TWIGs and to establish additional TWIGs (e.g. announced in the General Council Meeting). The TWIGs are by respondents of the 2022 survey identified as one of the key activities of EuroHealthNet to be further strengthened. Interviewees present a varied picture of their experiences with the TWIGs in which they participate, more specific in relation to the results. It is for participating members not always clear whether these TWIGs are supposed to lead to a specific result and whether there is a roadmap to achieve specific results.

No enquiries were submitted by members to the EuroHealthNet EU/European Funds Support Desk.

5.4. Monitoring and assessment of the impact of policies and practices (RESEARCH Platform)

Through its Research Platform, EuroHealthNet provides and strengthens the evidence base for policy and practice related to health, equity and wellbeing. The Platform is built on the collaboration between researchers and decision-makers.

Based on the SDP (2021-2026), this relates to the goal of the EuroHealthNet EU Portal on Health Inequalities being a central source. In the ESF+ grant these goals are operationalised through the objectives and activities in [Table 5](#).

Table 5: Objectives, activities and indicators related to EuroHealthNet monitoring and impact assessment of the impact of policies and practices

ESF+ work programme objectives	ESF+ work programme activities
Bring research and policy closer together and ensure visibility of EuroHealthNet Partnership, its work in the Research Platform and EU added-value.	4.1: Engaging the public health research community on matters of EU policy, health, social rights and determinants of health inequality.
Clarify and contribute to improved exchange of data and indicators on health inequalities.	4.2: Monitor the European Health Data Space and revised EPSR Social Scoreboard.
Ensure widespread knowledge base on Health Inequalities in Europe.	4.3 Updating Health Inequalities Portal with the latest research and information.

The Research Platform of EuroHealthNet identifies and promotes evidence-based approaches to health, equity and wellbeing. It is considered as an engine of the growth of EuroHealthNet in the last few years, i.e. growth in terms of community, of projects, of visibility and of (potential) impact.

This Platform contributed considerably to build a reputation for impartial, evidence-based policy recommendations. The Platform gives more legitimacy towards EU-level and international actors and is central to evidence-based non-political advocacy work of EuroHealthNet.

For its members, EuroHealthNet organised the Information and matchmaking day 2022 on Horizon, to learn about the newest opportunities under the Horizon Europe research and innovation programme, and participate in a matchmaking session to discuss a selection of calls for proposals with other EuroHealthNet members.

The [Health Inequalities Portal](#) is managed by EuroHealthNet and a leading repository of constantly updated scientific evidence, effective good practices and policy initiatives to improve health equity. In 2022, EuroHealthNet continued to collect and bring together relevant scientific evidence, as well as effective good practices and policy initiatives to improve health equity. Thanks to a machine translation feature (which has been improved where possible with the support of native speakers), the portal is available in all EU languages.

Clearly, the **projects** in which EuroHealthNet is involved, contribute to the Research Platform as well as to the other Platforms. These projects provide also an opportunity to collect, develop and implement best practices across diverse fields like vaccination (e.g. IMMUNION project), climate change (e.g. Blue Adapt project), innovative financing (e.g. Invest4Health project).

As a result of the successes from previous projects, EuroHealthNet is progressively more involved in research projects whereby in many cases one project is leading to another. E.g. [INHERIT](#) project²⁵ leading to [FEAST](#) project (Annex 2), [Blue-Adapt](#) (Annex 2), [Schools4Health](#) (Annex 2); the Joint Action [CHRODIS](#) outcomes fed into to School4Health; and led to the [e-Guide for financing health promoting services](#) that led to the [Invest4Health project](#) (Annex 2). The INHERIT project also led to the involvement in [CHAIN](#). The project had a 18-partner consortium, which included NTNU, the leader of CHAIN).

Feedback from EuroHealthNet and [recommendations to \(Horizon\) consultation](#) were leading to improved calls, integrating health equity and the Economy of Wellbeing into texts, e.g. the [Horizon Strategic Plan 2021-2024](#), [Horizon Europe -Work Programme 2021-2022 Health](#).

5.5. Communication

The communication activities of EuroHealthNet are guided by a yearly Communication Strategy, building on the SDP 2021-2026. Based on the SDP (2021-2026), this relates to the goal of the EuroHealthNet communications network leading to a stronger and unified voice. EuroHealthNet's communication network brings together nearly 50 communications professionals across Europe, including member organisations. The network prevents reinventing the wheel and is a space for exchange of expertise and resources to support members raising interests and concerns at an international level, and in addition, to increase awareness of initiatives at European, national, and regional levels. The network is considered to be a potential area for further development, to bring the work to a more senior, strategic level. Yet, capacity is needed to implement this. In the ESF+

²⁵ This Horizon 2020 research project (2016-2019) aimed to encourage to modify current lifestyles, characterised by a 'take, make, consume, dispose' models of growth, to formulate scenarios for a more sustainable future, and to design, implement and test inter-sectoral initiatives to achieve the desired change.

grant the communication goals are operationalized through the objectives and activities in [Table 6](#).

Table 6: Objectives, activities and indicators related to EuroHealthNet internal and external communication

ESF+ work programme objectives	ESF+ work programme activities
Achieve high visibility and use of EuroHealthNet Outputs.	5.1 Annual Communications Strategy and ongoing editorial and promotional support.
Press contacts and communication experts of EuroHealthNet Core and Associated Members and Observers.	5.2 EuroHealthNet Communications Network.
Organise and disseminate information in accessible and up to date formats about EU social, health and equity issues and increased visibility of EuroHealthNet's activities	5.3 Website(s) and social media presence.
Increase awareness of the EPSR principles and the European Semester process in innovative and attractive ways	5.4 Audio-visual content.
Increase engagement with EPSR principles, implementation and increased dialogue between public health professionals, professionals in the social field, and citizens.	5.5 biannual magazine featuring practices to public health relating to social rights and health equity.
Update all members, partners and external stakeholders on the latest relevant news for health equity and a stronger social Europe.	5.6 Health Highlights External Newsletters.

A. VISIBILITY AND RESULTING WORK

The work of EuroHealthNet is considered to be attractive for members and external stakeholders. It is assumed that messages are resonating as they show up in retweets, reposts and reflected in some key texts, as illustrated in paragraph 5.2. and evidenced in EuroHealthNet data on the use of communication channels. External partners confirm in the interviews that EuroHealthNet is strong in disseminating their work through various communication channels. Further evidence of the visibility and relevance of the work of EuroHealthNet is illustrated by:

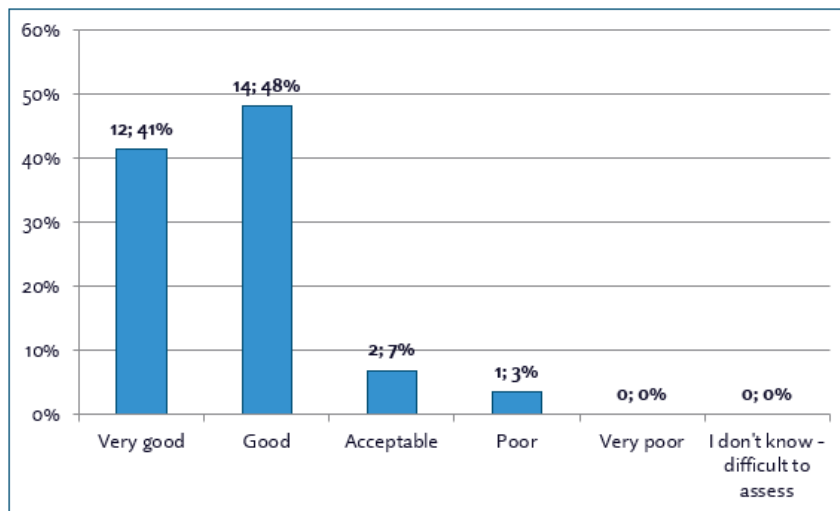
- Requests to translate policy briefs and videos in different languages.
- References in publications.
- Interest of members to participate in TWIGs.
- Invitations to be part of Expert Groups and Advisory Boards.
- Invitations to speak at events as a result of our publications/communication (Economy of Wellbeing, European Care Strategy, Climate Change, occupational mental health).
- Invitations to be part of projects in various roles, amongst others to take care of the communication, e.g. [RIVER-EU](#) (Annex 2), [BEST-COST](#) (Annex 2), [MENTALITY](#) (Annex 2).

A larger community of health professionals and organisations is becoming increasingly familiar with EuroHealthNet and EuroHealthNet is becoming more known for specific expertise (e.g., health equity, links between health and other sectors), professionalism and competence (e.g., leading consortia). The partnership is considered as the 'place to go to' by various professionals

(members and external stakeholders) and this in different ways, e.g. EuroHealthNet as a key partner to provide strategic feedback, consult EuroHealthNet to know what is happening in other countries).

Based on the survey 2022 results, members do appreciate the visibility of the work and results of EuroHealthNet (Figure 7).

Figure 7: Assessment of the visibility of the work and results of EuroHealthNet by members (n = 29) (absolute figure and percentages)



Source: Member survey 2022

Respondents explain that the outputs are easy to read; the accessibility of the information is enhanced by translation facilities on the website and by translation of some outputs into other languages besides English. Yet, while the importance of the work is recognised, the impact at national level is depending on the setting (e.g. resources and support at national level).

The improved visibility is leading to increased opportunities to participate in projects and push health equity/health promotion/health system angle. The publications of EuroHealthNet provide opportunities for members to share their work e.g. in the Magazine as well as in its social media.

B. COMMUNICATION DATA

EuroHealthNet website use

The EuroHealthNet website was revised in 2021, after which the website saw a drop in traffic. In 2022 this trend was slowly reversing, whereby the quality of the traffic has improved, e.g. the type of the most popular pages (more content-related pages than before).

In the period January 2022 – December 2022²⁶:

- The number of EuroHealthNet website sessions²⁷ was 82.732. The **average session duration** is 1 min and 8 seconds.

²⁶ Secretariat data: EuroHealthNet, *Communications Strategy 2023*

²⁷ A session is a group of user interactions (or 'hits') with a website recorded in a given time period.

- The **number of users** in that same period is **64.565** (compared to 86.441 in 2021) with 143.419 page views (208.903 in 2021), whereby the largest group of users (37,61%) landed on the website through an organic search.
- The **most important traffic source was the organic search traffic through Google and other search engines**. Paid search traffic was used to attract more traffic to the website (accounting for 24,3% of the traffic source to www.eurohealthnet.eu).
- The website has an **average bounce rate of 72,66%**, meaning that 72,66% of the users of the website did not interact with the website. These users came to the site, but didn't click on another button or viewed other pages than the page they landed on. 84,4% of the users landing on the EuroHealthNet website through a paid search (25,25% of the users), did not interact with the website; this is the highest bounce rate amongst users of the website.
- The **average conversion rate is 13,71%**, which refers to the number of users who have taken desired action, e.g. subscribing to an event.
- The **most visited page** is the Homepage (14,39%).
- The publications with the most views are both Policy Précis (on Economy of Wellbeing 2.237 views and 3,53 minutes page view on average; on Health-Promoting Care Systems 1.149 views and 3,18 minutes page view on average).
- The **average exit percentage in this period is 58,75%**.
- **87,9% are new visitors**, 12,1% returning visitors. The Homepage of the website had the most page views (14,41%).
- **The most used keywords are:** 'determinants of health' (6,16%), 'inequality and health' (5,74%) and 'health inequality (5,39%), besides the Dynamic Search Ads used²⁸ (28,11%).
- 64% of the users are women; the average age overall is 37,39 years.

Some key outputs are translated into other languages. Furthermore, the revised website (relaunch in November 2021) offers machine **translation**, which seems to be successful. 11% of all traffic in 2022 visited translated pages (most popular languages were Italian, German, Portuguese, Spanish, French and Greek). For the Health Inequalities Portal website, 80,5% of all page visits are on translated pages (most popular languages were Spanish, Romanian, Greek and Italian).

Health Inequalities Portal website

The [Health Inequalities Portal](#) offers information on practices, policies and research in the field of health equity. The Portal encompasses a resource database, an interactive maps and a tools section. The Portal counted 121 new entries in 2022. The traffic on the Portal doubled in 2022 (160.545 views coming from 79.338 in 2021). The most visitors arrive on the website through an organic search. This might be an indication that visitors come to the Portal when looking for information on public health, health inequalities/EU policy, making to Portal also an entry to people that are less familiar with the topics.

Social media use

Overall, the number of followers on EuroHealthNet social media is growing, on average by 14,3% in 2022 compared to 2021, with the largest increase of 41% for LinkedIn and the smallest increase for Facebook (4,3%). The increase for Twitter is identified at 5,3% growth in this period.

²⁸ When someone searches on Google with terms closely related to the titles and frequently used phrases on your website, Google Ads will use these titles and phrases to select a landing page from your website and generate a clear, relevant headline for your ad.

The [EuroHealthNet YouTube Channel](#) has 150 subscribers on 06.02.2023, with most views²⁹ for the video EuroHealthNet's video '[An Economy of Wellbeing for health equity - YouTube](#)' published in June 2022 (647 views on 06.02.2023), followed by a video on EuroHealthNet's annual seminar '[Promoting Digital Health Literacy for Europe's Digital Future - YouTube](#)' (published in December 2021) (265 views on 06.02.2023).

Newsletters and Online Magazines:

In 2022 10 Network Intelligence Newsletters (internal) and 10 [Health Highlights](#) (public) were sent. At the end of 2022 Health Highlights counted 6,383 subscribers and the Network Intelligence Newsletter counted 771 subscribers. Since 2022, the Health Highlights are put on the EuroHealthNet website and were shared on social media, which led to extra visibility. Furthermore, two editions of the [EuroHealthNet online Magazine](#) were released in 2022 (spring/summer edition in July 2022 and the autumn/winter edition in December 2022). Both editions focused on the stories behind health equity.. The readership of the Magazine increased from 53.480 (2021) to 82.139 views (2022) and from 35.870 (2021) to 55.790 visitors (2022), which might be related to the translation facility available on the website.

Furthermore, EuroHealthNet published in 2022 three [videos](#) (amongst others on the 'Economy of Wellbeing', addressing psychosocial risks and supporting mental health of older workers). A fourth video on gender diversity was produced in 2022 and is to be published in the beginning of 2023. The [annual report 2021-2022](#) was published in June 2022 (1.123 views on the website at the end of 2022).

Database

The CiviCRM database counts 11.500 valid contacts. This represents the number of persons who receive the mailings and the reach to relevant stakeholders.

²⁹ Of videos published between December 2021 and December 2022.

Annexes

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Websites

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Annex 2: List with projects in which EuroHealthNet is involved

Project Acronym	Short description
BEST-COST	The overall objective of BEST-COST is to improve methodologies for the socio-economic cost assessment of environmental stressors. BEST-COST will develop an improved and consensual burden of disease (BOD) framework for estimating the costs and health impact of environmental stressors, with a focus on air pollution and noise and their interactions. It will also develop a methodological framework for assessing social inequalities in the socio-economic cost of environmental stressors. The project is conducted by a consortium of 17 partners from Europe and the USA to gather expertise on environmental burden of disease (BOD) assessment.
BEST-ReMaP	Best-ReMaP is a Europe-wide Joint Action that seeks to contribute to the creation of an environment that ensures healthy food for a healthy future by helping to improve the quality of food supplied to citizens of Europe. It is funded by the European Union's Health Programme, and implemented by 36 partners in 24 EU Member States, and delivered via collaborative work of seven pan-European teams.
BeWell	BeWell aims to build a movement of stakeholders which support and contribute to the development, implementation, and upscaling of a strategy on the upskilling and reskilling of the European health(care) workforce. This entails addressing the skills needed to support the digital and green transition within the health ecosystem at local, regional, national and ultimately at the European level (through the Pact for Skills). By addressing existing skill mismatches and strengthening competencies, the project will enable the health workforce to be better prepared to face future challenges. The consortium consists of 24 beneficiaries and 5 associated partners from 11 countries.
BlueAdapt	Blue Adapt will investigate the impacts of climate change on coastal waters, and assess and quantify the associated human health risks. Project partners will develop an extended One Health conceptual framework which will link with existing models of ecological public health, and take into account health equity considerations. BlueAdapt will develop tools for policymakers and citizens, such as early warning systems and safe swimming apps. The project is a partnership between 12 organisations.
CHAIN	CHAIN is a leading centre and research network for the international study of global health inequalities, based at the Norwegian University of Science and Technology (NTNU). The mission of CHAIN is to create a global transformation in actionable health inequalities research. Bringing together leading scholars and international organizations and acting as a change agent, it will monitor, explain, and reduce health inequalities in the global North and South. These are the three pillars of CHAINs approach.
FEAST	FEAST aims to catalyse Europe's just transition to a 'Win-Win-Win-Win' food system that sees major gains for people, the planet, and the public and private sectors. FEAST aims to advance the state of the art by leveraging current best practice and co-designing novel solutions throughout Europe with food system stakeholders, including diverse vulnerable groups, to identify how they can be supported and empowered to facilitate and benefit from the just transition to healthier and more sustainable dietary behaviour – at all levels (micro, meso and macro) and in all sectors (producers, distributors, retailers and consumers) of the food system.

IceHearts	The main goal of IceHearts Europe is to integrate mental health into the grassroots of sport programmes, aiming to benefit the wellbeing of vulnerable children. By scaling up at European level, IceHearts aims to do this by using the Finnish IceHearts model, which uses team sports as a tool for engaging children with social work. The scale up at European level will be achieved by bringing a group of five grassroots sport partners together, from five pilot implementation countries (early adopters) and a group of expertise and associate partners (next adopters).
IMMUNION	IMMUNION's purpose is to improve equitable vaccine uptake by strengthening collaboration between healthcare professionals, public health authorities, the media and local communities. IMMUNION will contribute to and complement wider EU vaccination efforts through delivering better education to health professionals and better information to the general public. Led by EuroHealthNet, the project brings together members of the Coalition for Vaccination (established by the EU in 2019), as well as partners across the EU.
Invest4Health	The goal of Invest4Health ("Mobilising novel finance models for health promotion and disease prevention") is to incentivise new ways of financing health promotion and disease prevention, using a model called 'smart capacitating investment' (SCI), where the financial benefits to health and other sectors outweigh the initial costs and give a sustainable return on investment.
Label2Enable	Label2Enable aims at supporting the development and implementation of the EU quality label for health apps. The project builds on the work on the ISO 82304-2 label (inspired by the EU Energy Label and the Nutri-Score front-of-pack nutrition label), which defines requirements for good quality health and wellness apps that can be used by health professionals and patient/citizen. The Label2Enable consortium comprises 14 partners from 7 European countries.
MENTALITY	The overall goal of MENTALITY is to enable individuals, communities, and service providers to better respond to current and future mental health concerns and challenges. As a result we expect 1) better support and promotion of the positive mental health and well-being of all, including those who are in the most vulnerable situations and 2) increased resilience within and outside the health and social care systems and services. This is key for the pandemic and post-pandemic recovery.
PSLifestyle	The PSLifestyle project aims to help close the action gap between climate awareness and individual action, and to increase citizen participation in sustainability topics. It does this by engaging citizens through a digital application to collect, monitor and analyse their environment and consumption data as well as co-research, co-develop, and uptake everyday life solutions for climate change. The PSLifestyle Living Labs take place in eight European countries: Estonia, Finland, Germany, Greece, Italy, Portugal, Slovenia, and Turkey. By participating you will become part of the European Ambassadors for Positive and Sustainable Lifestyles.
RIVER-EU	RIVER-EU collects evidence on health system determinants of high and low vaccine uptake in eight specific contexts, which will be used to identify and/or develop interventions to reduce barriers to vaccine uptake in underserved communities and increase trust in the health system. RIVER-EU is coordinated by the University Medical Center Groningen (UMCG); 14 project partners work together to reduce barriers to vaccine uptake in underserved communities.
Schools4Health	Schools4Health is an EU4Health-funded project which aims to introduce, strengthen, and sustain the adoption of a health promoting school (HPS) approach and other whole school approaches to health. It will invest in good practices on healthy nutrition, physical activity and mental health to improve health literacy and equity, broadly contributing to the common principles of these health-promoting approaches. It engages approximately 16 schools across the EU in a process of selection, transfer, implementation, and evaluation of good practices, with special consideration to school settings in deprived areas.

Dialogical	EuroHealthNet is an evaluator of the new Dialogical-Work project (2022-2024) funded by Erasmus+ programme. The project aims to promote integrated approaches in governance models within public settings. In particular, the project responds to the challenges of aligning the competencies of health, social and education professionals to the evolving complex needs in changing societies. It will provide professionals and other actors the skills needed to work in an inter-sectoral environment to face multiple societal challenges in a coordinated way.
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Annex 3: M&E Framework

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
	<p>Mission: to help build a sustainable, fair and inclusive social Europe through healthier communities and to tackle health inequalities within and between European States.</p> <p>Vision: a society, in which all citizens enjoy their fundamental right to the highest attainable standard of health, without distinction of race, religion, gender or economic or social condition.</p>			<p>Impact:</p> <ol style="list-style-type: none"> I. The extent to which EuroHealthNet contributed to health systems and societies placing greater emphasis on health promotion and health equity and achieving an ‘Economy of Wellbeing’. II. The extent to which EuroHealthNet contributed to health systems and societies that invest in up- and down-stream approaches to address the social determinants of health and reduce inequalities. 	Data collected for the other indicators
SO1: Realise and expand a high-quality, effective, and sustainable European Partnership for	Innovating interaction between partnership professionals	1.1 Provide plenary fora for members to exchange and discuss policy and direction of EuroHealthNet	Empower and upskill the social equity and public health community to share, learn and act jointly for a stronger social Europe	<p>Outcome:</p> <ol style="list-style-type: none"> III. The level of <u>engagement</u> of members in activities/events organised by EuroHealthNet (statutory, capacity building, advocacy, research, 	<ol style="list-style-type: none"> III. Secretariat data: <ul style="list-style-type: none"> – evaluation forms of events (only for non-anonymous forms)

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
promoting social rights and health equity (Core Team)	New alliances will help us deliver joint objectives	1.2 Ensure strong governance and leadership of EuroHealthNet	Realise and expand a high-quality, cost effective and sustainable European Partnership for promoting health and social rights	projects) by type of activity/event and type of member. <u>Participation</u> = be present in meetings/activities. <u>Engagement</u> = e.g. use of outputs, taking up leading role in working structures of EuroHealthNet, responding to calls for input, etc. “feeling part of the EuroHealthNet partnership”, “feeling ownership of EuroHealthNet”. IV. The level of <u>reported satisfaction</u> of actors with activities/events organised by EuroHealthNet by type of actor (members, partner organisations, policy makers, CSOs outside of membership, etc.). V. The extent of a <u>balanced and sustainable funding</u> including: a. <u>funding mix</u> , i.e. ratio between longer term/shorter term income and restricted/unrestricted funding,	<ul style="list-style-type: none"> – involvement in working structures (participants’ lists) – involvement in governance bodies – co-chairs in working structures. – Involvement of members in projects. – # of new members recruited via project consortia IV. Members’ survey, evaluation forms used for activities/events, evaluation interviews. V. Financial information available.
		1.3 Develop and Implement membership recruitment and retention procedures	Ensure and maximise the strength of our European Partnership by retaining current members and achieving controlled and conscientious growth for impactful outcomes and sustainable income		
		1.4 Organise annual seminars and embed learnings into series of virtual dialogues	Engage and proactively inform on critical EU social policy and health equity objectives and opportunities for timely and coordinated action		
		1.5 Develop and implement external evaluation procedures	Ensure a quality delivery of our work programme to maximise impact of our activities		
		1.6 Ensure coherence across EuroHealthNet activities to support	Ensure that learnings and outputs from other EuroHealthNet		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		<p>synergies between EPSR and other EU Programmes and objectives</p> <p>1.7 Offering staff capacity building, encouraging wellbeing at work, and transitioning to a new working style</p>	<p>activities not funded by the core grant are utilised to their full potential to help fulfil EaSI objectives</p> <p>Ensure a well-equipped, capable and happy team. Realise effective, timely and impactful cooperation among staff, the partnership and beyond through innovative digital tools.</p>	<p>b. <u>funder dependency rate</u>, i.e. income for each funder/total income as well as number of funders.</p> <p>VI. The extent to which <u>partnership/network supporting tools</u> are implemented (membership strategy, diversity and inclusion strategy, code of ethics, Monitoring and Evaluation Learning system, etc.).</p> <p>Output:</p> <p>VII. The <u>size and scope of the partnership/network</u> (number of new members by type and number of leaving members by type).</p> <p>VIII. The <u>number of meetings/events/activities</u> organised by EuroHealthNet by type (statutory meetings, meetings of working structures, Country Exchange Visits, etc.) and <u>number and type of participants</u> + gender (= <u>level of participation</u> which can also be considered as an</p>	<p>VI. Interviews, staff Outcome Harvesting workshop.</p> <p>VII. Secretariat data</p> <p>VIII. Participants' lists</p> <p>IX. Turnover rate of staff + annual staff satisfaction survey</p>

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
				input indicator). (see link with SO3) IX. The extent to which there is a stable and motivated staff in the Office, respecting diversity.	
SO2: Contribute to the implementation of the EPSR principles and related initiatives at EU, national and local levels (Policy Platform)	Shaping policy, practice and increase capacities	2.1 Annual Policy and Advocacy Action Plan 2.2 EPSR Action & Implementation Manual: Health in All Principles 2.3 European Semester analysis: health equity and social inclusion through the Recovery and Resilience Plans	Contribute to and influence national and EU policy making to achieve the EPSR objectives, improve social resilience and tackle health inequalities. Facilitate and encourage implementation of EPSR action plan at (sub)national levels by demonstrating how this can be done - in particular for a wider public health audience. Ensure progress and (sub)national public health stakeholders' engagement on the EU social model and European Semester by highlighting impacts on health equity.	Outcome: X. The <u>level of reported change</u> by actors (members, policy makers, partners, CSOs, others) in: a. Their <u>awareness and knowledge about the role of the EPSR</u> and related initiatives in reducing health inequalities (see link with SO3) b. Their <u>knowledge/-intelligence on health inequalities and interlinked social rights</u> at EU level and in their Member States. (See link with SO4) c. <u>Uptake of messages/-language/discourse</u> of EuroHealthNet in tackling health inequalities and improving social resilience with specific	X. Member survey (question at aggregated level of a + b + c + d about change identified by member), evaluation interviews (more in-depth data on a, b, c and d), analysis of a selection of (policy) documents (to be defined – input from staff Outcome Harvesting workshop, e.g. uptake of consultation responses) Partner/EU stakeholder interviews (4-5/year) to also collect input on their level of reported change.

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		2.4 Contribute evidence to relevant policy initiatives and strategies at EU level and highlight needs and potential of public health actors	Raise awareness of the link between health and social rights, employment and sustainability policies that benefit all EU citizens and advance on the Economy of Wellbeing.	attention for ‘social innovation’ d. <u>Sharing knowledge/intelligence on health inequalities and interlinked social rights</u> (acquired through EuroHealthNet) by members, (project) partners, others with their partners/ members/ others as a result of their participation in events/activities and/or use of EuroHealthNet information resources.	
		2.5 Policy briefings, Guiding implementation at (sub)national and local levels	Informed national, regional, and local policy makers and professionals on EU policies and funding, and prepared to act.		
		2.6 Reinforce cooperation and build networks with key social and health actors to expand reach and influence	Nurture and strengthen impactful, timely and evidence-based cooperation with EU-level social and health actors and international bodies to ensure complementarity with the EPSR’s implementation and EU added-value.		

Notes:

- Focus is on individual level change as a result of participation and engagement in EuroHealthNet activities and/or information provided EuroHealthNet. Though, through data gathering, insights might be gained on internal systems in place in (member) organisations that facilitate or hinder the ‘transfer’ from individual learning to organisational learning.

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
				<ul style="list-style-type: none"> <i>Social innovation: [proposal for definition] inclusive solutions in response to needs/priorities with the intention of improving quality of life, achieving justice and equity, and positive social change</i> (https://innovations.bmj.com/content/8/3/133). <p>XI. The <u>extent to which members are engaged in EU-level, national, regional policy development processes</u> as a result of their participation in EuroHealthNet (by e.g., using information/outputs and/or as a result of participation in activities/events).</p> <p>Output:</p> <p>XII. The <u>level of engagement of EuroHealthNet with EU policy making processes</u></p>	<p>XI. Members' survey, Data collected by Secretariat (e.g., involvement of members in European Semester analysis, contribution of members to EuroHealthNet policy briefs), Outcome harvesting workshops with staff Evaluation interviews</p> <p>XII. Secretariat data on: #responses to EU policy consultations and rapid policy briefs, #European Semester analyses, #meetings with EU officials, other EU stakeholders and decision-makers,</p>

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
					<p>#events and activities with national, regional, local levels, #collaborations and nature of collaboration with partners, # of engagements at key events, like e.g. European Health Forum Gastein and European Public Health Conference # Communication activities related to the EPSR and relevant principles</p> <p>And for all: specifying whether on invitation/request or own initiative.</p> <p><i>Note: the key events will be defined on an annual basis.</i></p>
<p>SO3: Strengthen the capacities, competency and knowledge of national member organisations and stakeholders (Practice Platform)</p>		<p>3.1 Help improve access to funding and financing for health-promoting services and systems</p>	<p>Increase use of EU funding to act on improving health and social equity and incentivise shift to prevention, health promoting services and sustainable health care.</p>	<p>Outcomes: XIII. The extent to which <u>members use the information</u> received by EuroHealthNet about: a. <u>EU level financial/funding instruments</u> (MFF, RRF,</p>	<p>XIII. Members’ survey, evaluation interviews, European Semester interviews with members by staff, other Secretariat data, i.e. – monitoring dedicated</p>

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		3.2 Identify and engage members in timely opportunities on EU policy, practice and research at EU and cross-country levels, and expanding outreach	Increase competencies and opportunity of members to act, engage and implement EU policy instruments such as EPSR, Child Guarantee, Semester CSRs etc.	Horizon, Erasmus +, ESF+, etc.) b. <u>EU level policy instruments</u> (EPSR, Child Guarantee, Semester CSRs, etc.).	<p>EuroHealthNet webpage on information related to national contact points for various EU programmes,</p> <ul style="list-style-type: none"> - participant lists of annual dialogue between members and national contact points, - participant lists of annual info day and matchmaking session with members highlighting opportunities related to EU programmes, - number of members submitting enquiries to the EuroHealthNet EU/European Funds Support Desk - # communication activities related to strengthening capacity, competency, and knowledge of members
		3.3 Capacity Building through workshops and twinning	Boost effective, timely and evidence-based action on social rights, health equity and on the EPSR overall through strengthened capacities.		
		3.4 Build and monitor relationships with national liaison points on EU policy and processes implementation	Create enabling conditions for better upscaling of successful projects and results.		
		3.5 Establish and manage flexible expert Thematic Working Groups (TWIGs) and ad hoc reference hubs	Promote innovation and cooperation to bring action against health inequalities beyond the state-of the art.		
		3.6 Organise Country Exchange Visits to ensure exchange and uptake of best practices across countries, regions	Contribute to close EU-MS alignment on policies and practice, boost cross-country learning and maximise added value of EU actions.		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		and sectors			- # reports of EuroHealthNet member-only events
SO4: Monitor and assess the impact of evidence-informed policies and practices at EU, national, and local levels (Research Platform)	Our EU Portal on Health inequalities will act as a central source	4.1: Engaging the public health research community on matters of EU policy, health, social rights and determinants of health inequality.	Bring research and policy closer together and ensure visibility of EuroHealthNet Partnership, its work in the Research Platform and EU added-value.	Outcomes: XIV. The extent to which <u>members use methodologies, tools</u> or support of EuroHealthNet to analyse the potential impact of service, programme or policy changes on health inequalities and/or health disadvantaged populations.	XIV. Members' survey, Members interviews, data from Joint Action on Health Equity Partner/EU stakeholder interviews (4-5/year) to also collect input on their level of reported change Secretariat data, i.e., - # communication activities related to research, research projects, or promoting evidence-informed policies and practice
		4.2: Monitor the European Health Data Space and revised EPSR Social Scoreboard	Clarify and contribute to improved exchange of data and indicators on health inequalities.		
		4.3 Updating Health Inequalities Portal with the latest research and information	Ensure widespread knowledge base on Health Inequalities in Europe.		
SO5: Organise communication and engagement activities internally and externally	Our communications network will lead to a stronger, unified voice	5.1 Annual Communications Strategy and ongoing editorial and promotional support	Achieve high visibility and use of EuroHealthNet Outputs.	Outcomes: XV. The level of <u>visibility of the work and results of EuroHealthNet</u> to various target groups (members,	XV. Evaluation interviews, members' survey, other Secretariat data + use of comms data gathered for indicator XVI.
		5.2 EuroHealthNet	Press contacts and		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
(Communication Team)		Communications Network	communication experts of EuroHealthNet Core and Associated Members and Observers.	partners, policy makers, CSOs, other). Output: XVI. The <u>level of outreach of EuroHealthNet per type of channel and target audience</u> (# Visits to the website (incl. most visited pages), # Publications of EuroHealthNet newsletters, # Online Magazine, # Social media fans, followers, # Videos and multimedia published, # Contacts in database, # page views of Health Inequalities Portal, # new evidence shared on the Health Inequalities Portal).	XVI. Secretariat comms data.
		5.3 Website(s) and social media presence	Organise and disseminate information in accessible and up to date formats about EU social, health and equity issues and increased visibility of EuroHealthNet's activities		
		5.4 Audio-visual content	Increase awareness of the EPSR principles and the European Semester process in innovative and attractive ways		
		5.5 biannual magazine featuring practices to public health relating to social rights and health equity	Increase engagement with EPSR principles, implementation and increased dialogue between public health professionals, professionals in the social field, and citizens.		
		5.6 Health Highlights External newsletter	Update all members, partners and external stakeholders on the latest relevant news for health equity and a stronger social Europe.		

Annex 4: Evaluation questions, interview checklists and members’ survey questionnaire

Annex 4A: Evaluation questions

	Results at the level of member organisations	Results at the level of EuroHealthNet as a partnership	Results at the level of alliance-building	Results at the level of policies
Coherence		<ul style="list-style-type: none"> - To what extent do activities for the ESF+ core grant, as well as our other project activities, align with the Strategic Development Plan and contribute to the achievement of strategic objectives? - How coherent is EuroHealthNet’s presentation across these varied projects and how do they contribute to the overall visibility and reputation of the organisation? 	<ul style="list-style-type: none"> - Could alliances be further leveraged to keep health equity on national and European policy agendas and reduce fragmentation? - How does the memorandum of understanding with the WHO European Regional Office contribute to the achievement of strategic objectives? 	
Effectiveness	<ul style="list-style-type: none"> - To what extent have the specific objectives been achieved? - Which factors contributed or hindered the achievement of these objectives? - How to improve/adjust if necessary? What are necessary conditions for these improvements/adjustments? 			
Outcomes and impact	<ul style="list-style-type: none"> - To what extent did the work of EuroHealthNet contribute to building the capacity of its members to actively contribute to the implementation of the EPSR principles and related 	<ul style="list-style-type: none"> - How can EuroHealthNet effectively balance its messaging to convey both scientific rigor and political advocacy? Has EuroHealthNet’s visibility 	<ul style="list-style-type: none"> - To what extent did the work of EuroHealthNet contribute to a better understanding of health inequalities, the promotion of social rights and help to address the 	<ul style="list-style-type: none"> - To what extent did the work of EuroHealthNet contribute to awareness of and engagement with the EPSR among its members?

	Results at the level of member organisations	Results at the level of EuroHealthNet as a partnership	Results at the level of alliance-building	Results at the level of policies
	<ul style="list-style-type: none"> initiatives at EU, national and local levels? To what extent did the work of EuroHealthNet contribute to (other) changes at the level of member organisations (e.g. strengthened alliances with other organisations), within the objectives of the ESF+ Grant agreement? 	<ul style="list-style-type: none"> (vis-à-vis EU and national policy makers and national and regional health and wellbeing actors) increased over the period 2022-2025? 	<ul style="list-style-type: none"> green, digital and demographic challenges in and equitable way? To what extent did the work of EuroHealthNet contribute to a increased and improved dialogue between relevant actors at various levels? 	<ul style="list-style-type: none"> To which policy changes did EuroHealthNet contribute and at what level?
Sustainability	<ul style="list-style-type: none"> To what extent are the results/benefits of the annual work programmes under the ESF+ Grant likely to last? Which provisions are foreseen to support sustainability of the results/benefits of EuroHealthNet? 			

Annex 4B: Interview checklists

Checklist interviews EuroHealthNet members

1. In your own words, could you please take a few minutes to describe your organisation's relationship with the EuroHealthNet Partnership?
How long have you been involved and what was the primary motivation to become a member?
2. Do you primarily think of the office in Brussels or of the wider Partnership of members when you think about 'EuroHealthNet'?
If you primarily think of the office, are there ways that the collaboration/contact with the wider Partnership could be further strengthened?
3. What do you consider the most important added value of your participation/engagement in EuroHealthNet activities and events during 2021 and 2022?
4. How were you specifically able to apply this added value to your organisation? (E.g., using learning or increased awareness to strengthen your capacity or influence policy and practice in your context; increased involvement in EU-level projects or increased international cooperation)
5. On the basis of your experiences, do you consider that EuroHealthNet addresses your organisation's expectations and needs?
What would you consider to be the office's/partnership's strengths and weaknesses (or threats and opportunities)?
6. Based on your experience, to what extent did EuroHealthNet influence your organisation or the wider partnership to:
 - Take up more innovative approaches to health promotion and health equity (e.g., utilising 'Economy of Wellbeing' approaches)?
 - Understand and utilise key EU-level policy and technical support instruments like the European Semester, the European Pillar of Social Rights, Child Guarantee, Technical Support Instrument, etc.?
7. Is there anything further you would like to share, or specific requests you may wish to make to the EuroHealthNet Office?

Checklist interviews external stakeholders

1. In your own words, could you please describe your organisation's relationship with EuroHealthNet?
How does your organization typically engage with EuroHealthNet's work?
2. Which aspects of EuroHealthNet's recent work (for instance, during 2021-2022) have been the most interesting and relevant/complementary for your work/organisation?
Could you please elaborate on any direct impacts or consequences EuroHealthNet's work may have had on your work/organisation?
3. What do you consider to be the main added value or influence of EuroHealthNet within the European civil society/public health space?
Do you believe EuroHealthNet also has influence at Member State level (e.g., via its members)?
4. Do you perceive that EuroHealthNet's influence/visibility/impact has changed in recent years? (e.g., becoming stronger or weaker; more pronounced in certain policy fields)
5. Would you seek to further strengthen your cooperation/collaboration with EuroHealthNet in the coming years?
If yes, could you please describe in which area(s) and, if not, could you please describe why not?
6. Is there anything further which you would like to share?

Annex 4C: Questionnaire for members' survey

1. **Name of the delegate responding on behalf of their organisation:**

.....

2. **Position in the organisation:**

.....

3. **Name of the organisation:**

.....

4. **Are you familiar with the following activities/services of EuroHealthNet?**

	Yes/No	In case you are familiar with the service, please indicate its level of relevance for your work				
		Very high relevance	High relevance	Some relevance	Low relevance	No relevance
Country Exchange Visits and Workshops						
Network Intelligence Newsletter						
Health Highlights Newsletter						
Online Magazine						
Opportunities to participate in EU policy analysis and advocacy (e.g., policy consultations, European Semester analysis)						
Policy documents (e.g. guides, policy précis)						
General Council Meeting						
Annual Seminar						
Support for building EU project applications (e.g., info day and matchmaking sessions)						
Opportunity to raise visibility of your organisation's work						
Ad hoc Thematic Working Groups (TWIGs)						

Opportunities to join the Executive Board						
Networking opportunities						
Health Inequalities Portal						
Projects in which EuroHealthNet is involved						
e-Guide for financing health promoting services						

You are kindly invited to further explain your replies.

5. Due to your participation in the EuroHealthNet Partnership, to what extent did your awareness and knowledge of the following topics increase? C

	To a large extent	To some extent	To a little extent	It did not increase	Don't know/no reply
The European Pillar of Social Rights and other EU-level frameworks and tools to reduce health inequalities					
The European Semester and other EU level frameworks for socio-economic coordination such as the European Care Strategy					
The European Health Union and initiatives like the ' Healthier together - EU non-communicable diseases initiative '					
The WHO European Programme of Work (2020-2025) and its flagship initiatives (e.g., the Pan-European Mental Health Coalition , Behavioural and Cultural Insights flagship)					

You are kindly invited to further explain your replies.

6. Did you share information acquired through EuroHealthNet with your colleagues, partners, and other stakeholders?

	Yes, on a very	Yes, on a regular basis	Yes, sometimes	No	Not applicable
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	regular basis				
Information shared with colleagues at your organisation					
Information shared with other partners and members of EuroHealthNet					
Information shared with other stakeholders. <i>Please specify which stakeholders in the box below.</i>					

You are kindly invited to further explain your replies.

7. Have you been engaged in policy development processes in 2021-2022?

	Yes/No		If yes, did you use information/outputs provided by EuroHealthNet? Yes/No	If yes/ no, please explain
I have been involved in policy development processes at regional level. <i>Please explain.</i>				
I have been involved in policy development processes at national level. <i>Please explain.</i>				
I have been involved in policy development processes at EU level. <i>Please explain.</i>				

You are kindly invited to further explain your replies.

8. Did you use any of the following information provided by EuroHealthNet in your work during 2021-2022?

	Yes/No	If yes/ no, please explain
Information on EU level financial/funding instruments (Multiannual Financial Framework (MFF) , Recovery and Resilience Facility (RRF) , EU4Health , Horizon Europe , Erasmus+ , ESF+ , etc.)		
Information on EU level policy instruments (European Pillar of Social Rights , Child Guarantee , European Semester Country Specific Recommendations , Technical Support Instrument , etc.)		

9. Did you use methodologies, tools, and/or support from EuroHealthNet to analyse the potential impact of programme or policy changes on health inequalities and/or health disadvantaged populations (e.g., Health Inequalities Portal, Foresight exercise) in 2021-2022?

	Yes
	No
	I don't know

You are kindly invited to further explain your reply.

10. How do you assess the visibility of the work and results of EuroHealthNet within your institution?

Very good	Good	Acceptable	Poor	Very poor	I don't know – difficult to assess

You are kindly invited to further explain your reply.

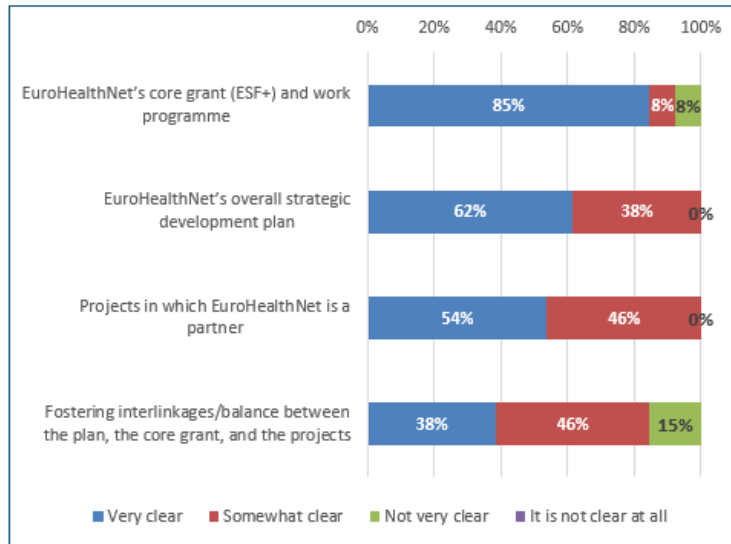
11. **What (maximum of) three things would you like to see changed in EuroHealthNet (Office and/or network)?**

12. **What (maximum of) three things do you like the most and would you like to make sure EuroHealthNet (Office and/or network) continues doing?**

Annex 5: Survey data

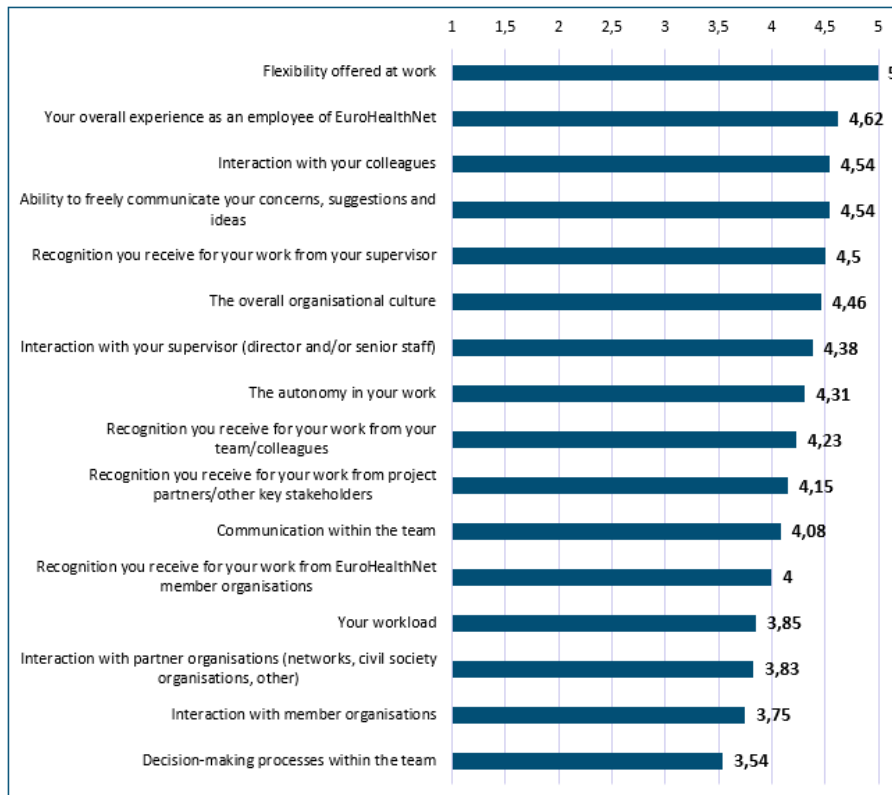
Annex 5A: Staff survey data

Figure A5.1: Is it clear to you how your daily work supports the following? (n = 13) (percentages)



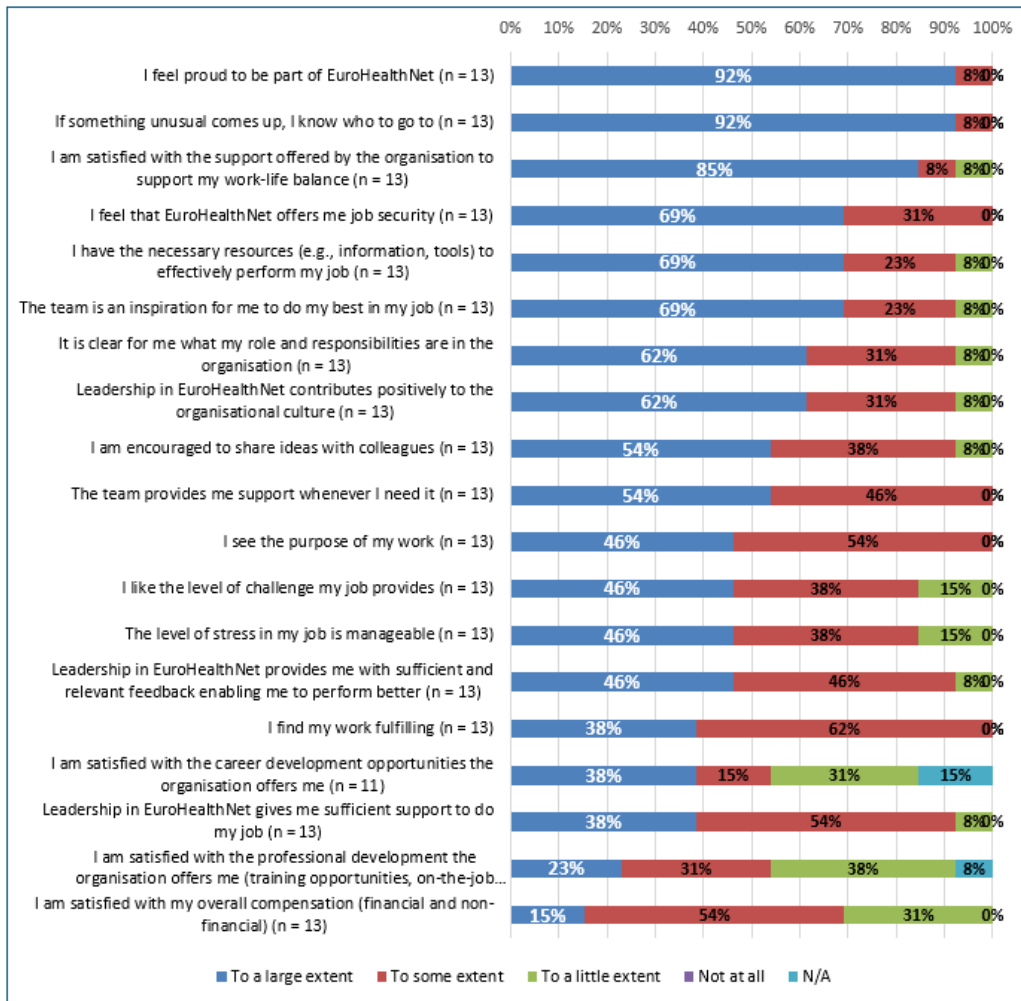
Source: EuroHealthNet Staff survey 2022

Figure A5.2: How satisfied are you with the following aspects of your job? (n = 13) (average weighted scores – scale 1 to 5)



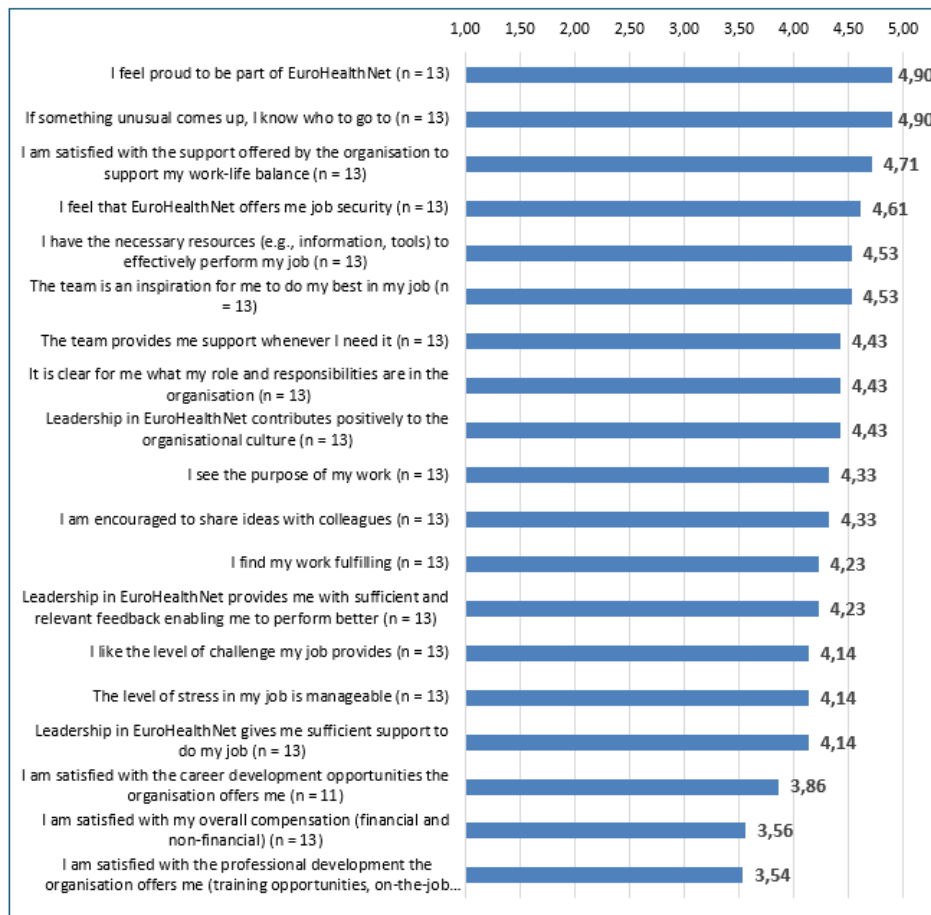
Source: EuroHealthNet Staff survey 2022

Figure A5.3: To what extent do you agree with the following statements? (percentages)



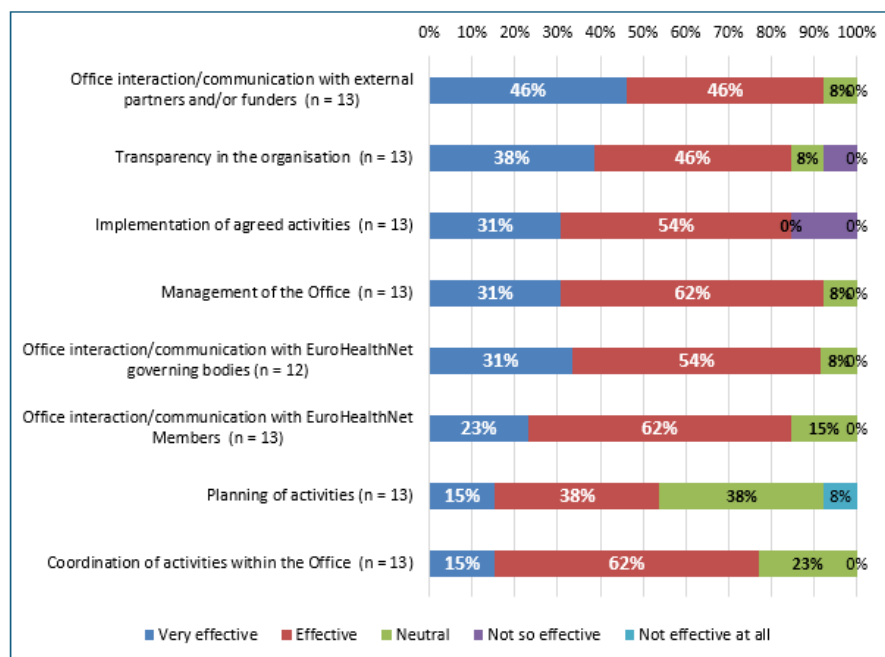
Source: EuroHealthNet Staff survey 2022

Figure A5.4: To what extent do you agree with the following statements? (average weighted scores – scale 1 to 5)



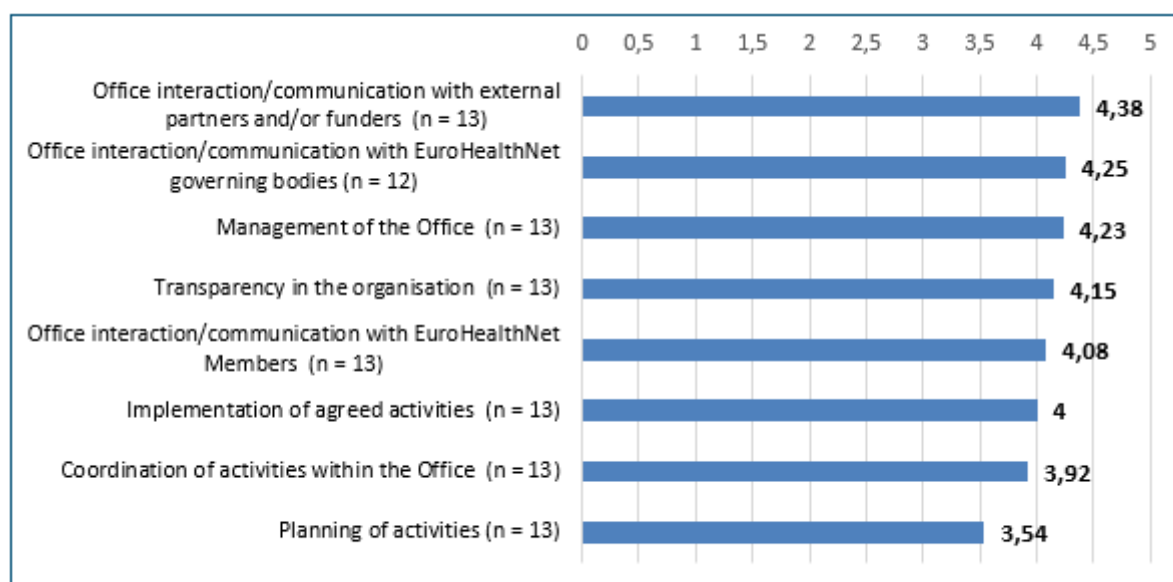
Source: EuroHealthNet Staff survey 2022

Figure A5.5: How do you assess the functioning of the EuroHealthNet office in relation to the following aspects, in terms of effectiveness? (percentages)



Source: EuroHealthNet Staff survey 2022

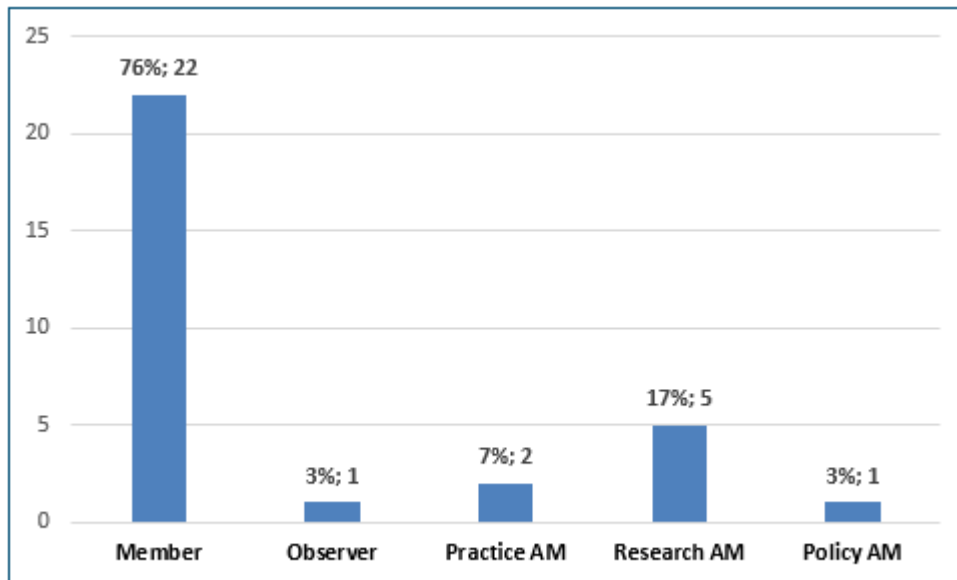
Figure A5.6: How do you assess the functioning of the EuroHealthNet office in relation to the following aspects, in terms of effectiveness? (average weighted scores – scale 1 to 5)



Source: EuroHealthNet Staff survey 2022

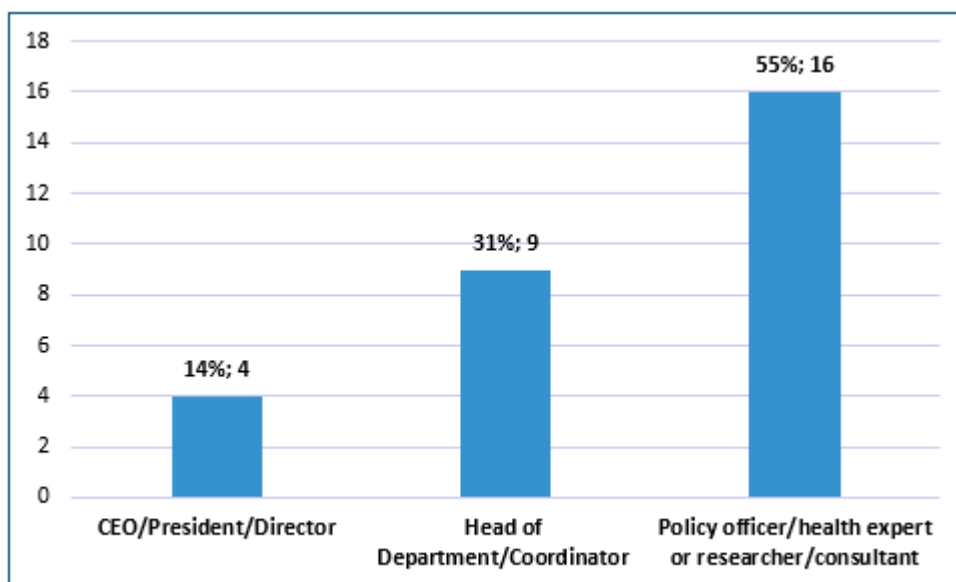
Annex 5B: Members survey data

Figure A5.7: Composition of the group of respondents – type of member (percentages and absolute figures) – more than one answer is possible



Source: EuroHealthNet Member survey 2022

Figure A5.8: Composition of the group of respondents – function of the respondent in the organisation (percentages and absolute figures)



Source: EuroHealthNet Member survey 2022

Figure A5.9: Composition of the group of respondents – level of engagement (scale 1 ‘disengaged’ to 5 ‘engaged’) (percentages and absolute figures)

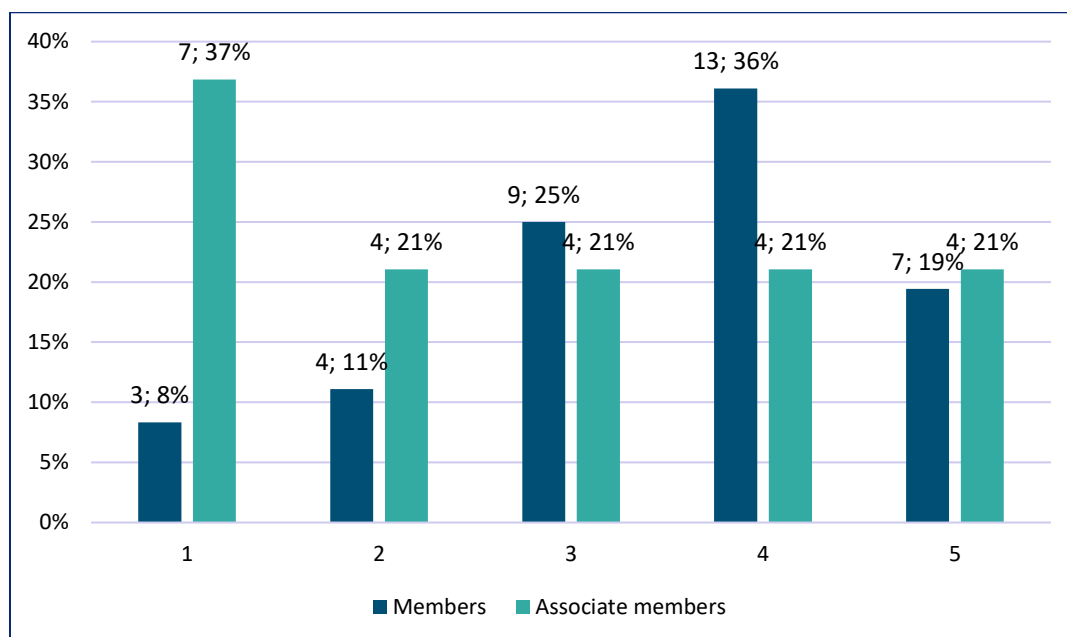
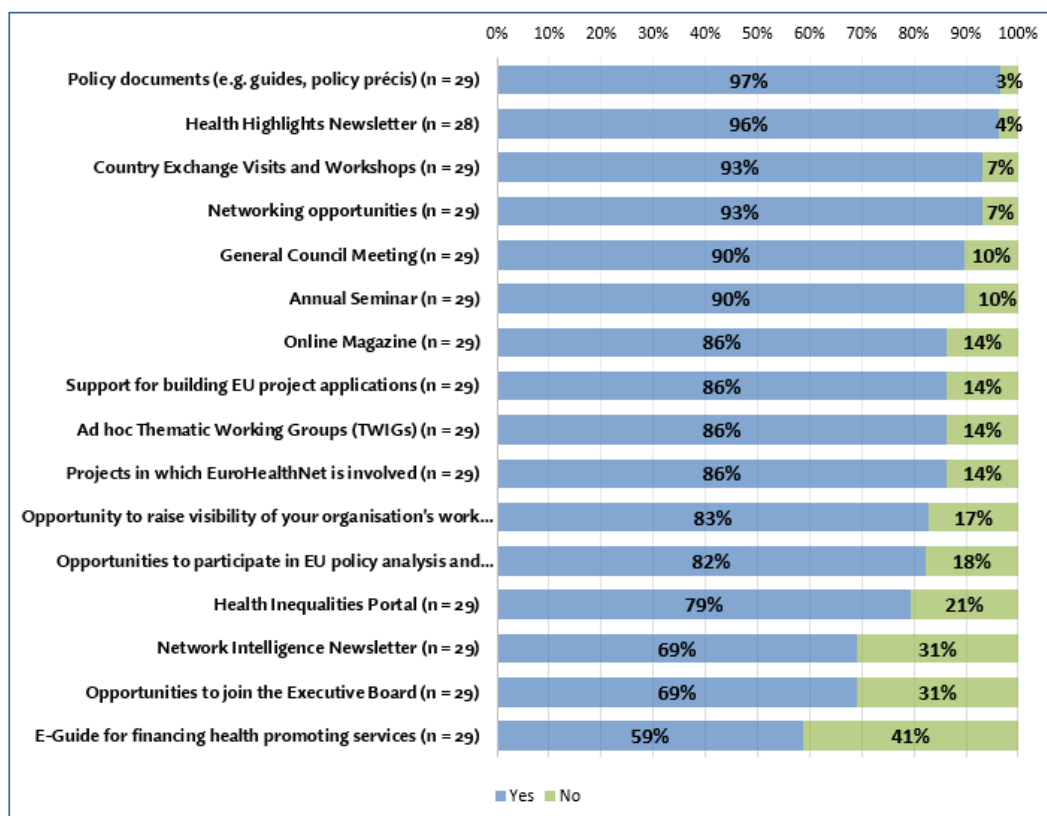
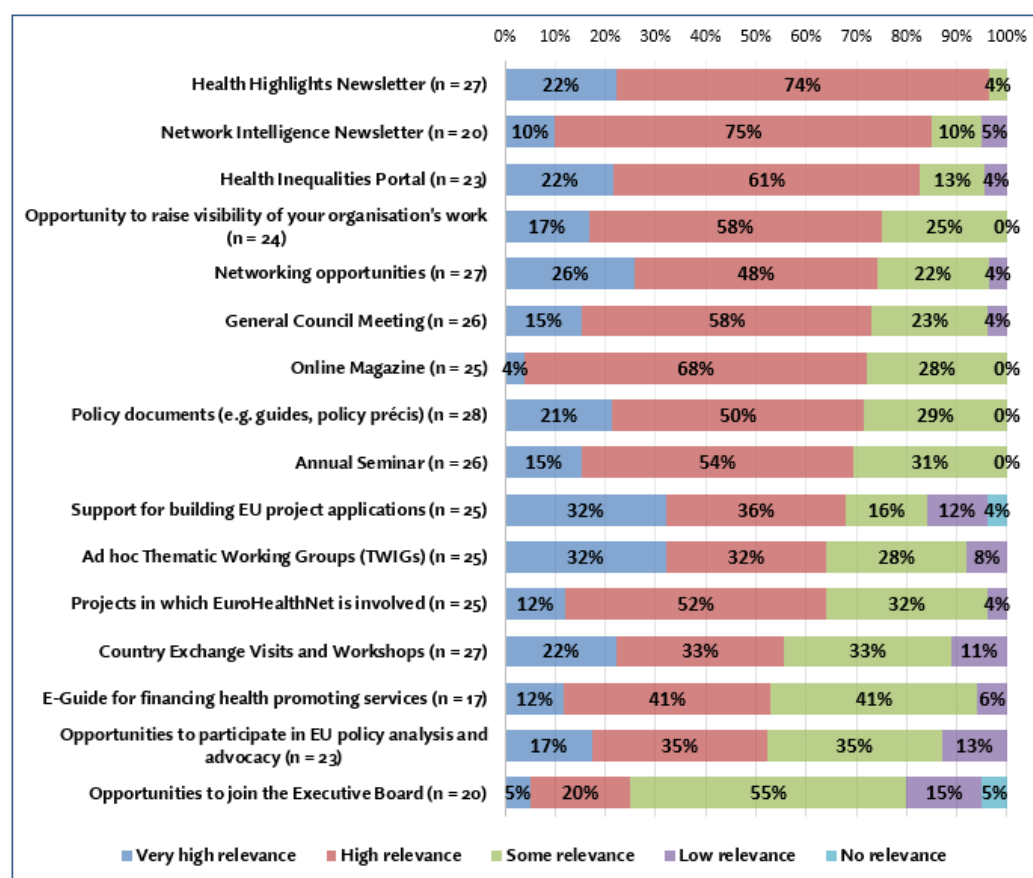


Figure A5.10: Are you familiar with the following activities/services of EuroHealthNet?



Source: EuroHealthNet Member survey 2022

Figure A5.11: Relevance of activity/service - only for those who are familiar with activity/service

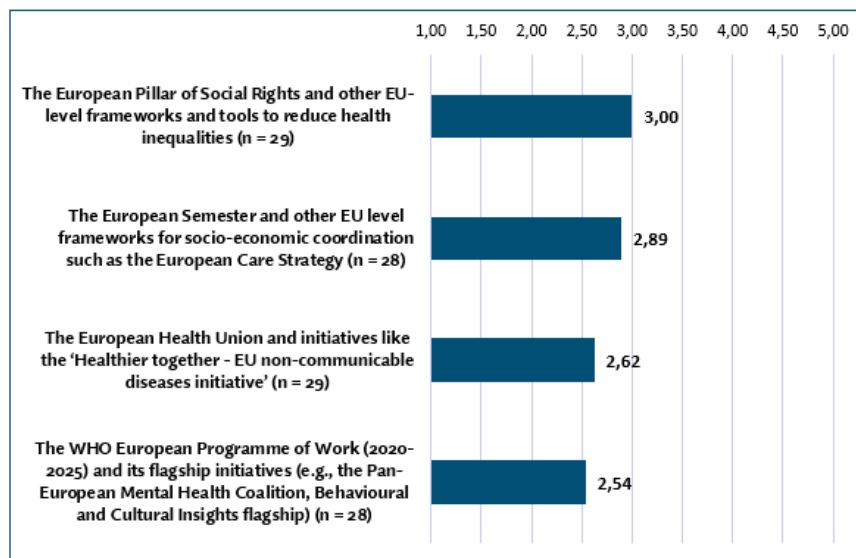
Source: EuroHealthNet Member survey 2022

Some comments of (10) respondents:

- The outputs/reports are excellent containing a lot of ideas and experiences of new ways of implementation or policy/practice transfer. (2).
- Need to demonstrate that the own work pays back in a sustainable and more equity in society. The experiences, impact studies in other countries and benchmarks are necessary to help building the case. Therefore, policy documents, opportunities for EU grants, shared conclusions of projects in promoting health throughout life have high relevance for the work. (1)
- Relevance of EuroHealthNet activities and results will increase, when the own organisation is further building up capacity to operate at EU-level. (1)
- For the Newsletter and policy briefings, the relevance depends on the topics. (1)
- The networking potential and opportunity is of very high relevance, but could be further developed. (1)
- Face-to-face contacts with the Secretariat are important to get acquainted with the organisation. This was missed in the past period. (1)
- While most of the activities are known, there is not always engagement. (1)
- The benefits that a member can gain from EuroHealthNet are also depending on the situation at national level, e.g. openness to change and to develop teams across areas of work, political support to reinforce health promotion and prevention. Furthermore, the pandemic showed weaknesses in national/regional health systems that need to be mapped and tackled. (1)

One respondent explains that he/she is not aware of the Network Intelligence Newsletter, but that he/she will find out more about it.

Figure A5.12: Due to your participation in the EuroHealthNet Partnership, to what extent did your awareness and knowledge of the following topics increase? (average weighted scores)

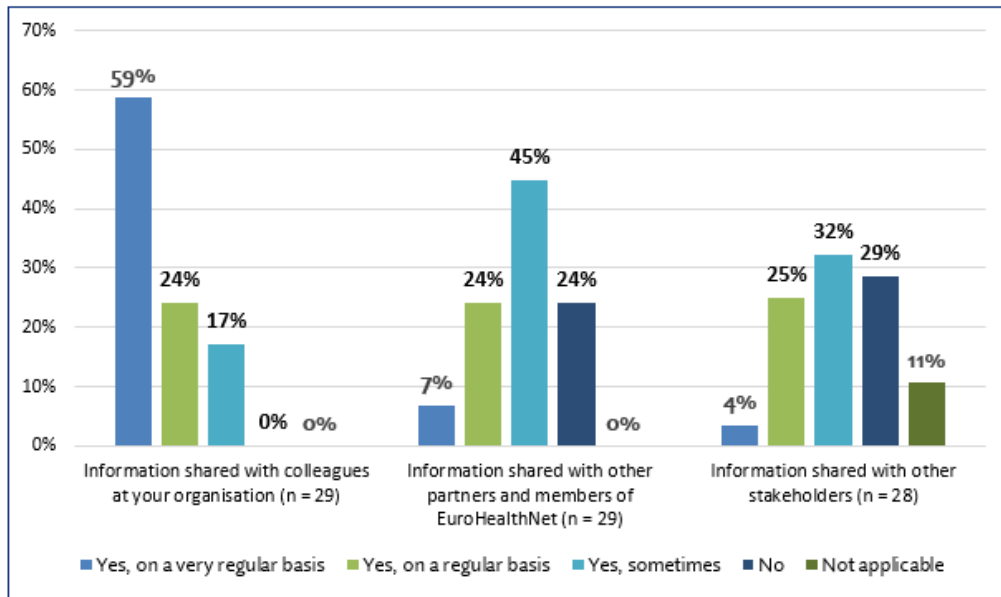


Source: EuroHealthNet Member survey 2022

Some comments of (7) respondents:

- Not all topics/initiatives mentioned are known to the respondents, yet they are interested to know more about these topics. (2) The questionnaire in itself is considered to be awareness raising.
- There is direct participation of the member in various expert groups at EU-level. (1)
- Despite information provided about these topics now and in the past, it is still somewhat vague what these initiatives mean in practice. (1)
- The member organisation focuses in the first place on the national context. (1)
- The national/regional setting does not facilitate the use of the initiatives mentioned to raise the profile, responsibilities and capacity of the public health services. (1)
- The information shared about the various topics/initiatives is useful to increase knowledge of members. (1)

Figure A5.13: Did you share information acquired through EuroHealthNet with your colleagues, partners, and other stakeholders? (percentages)

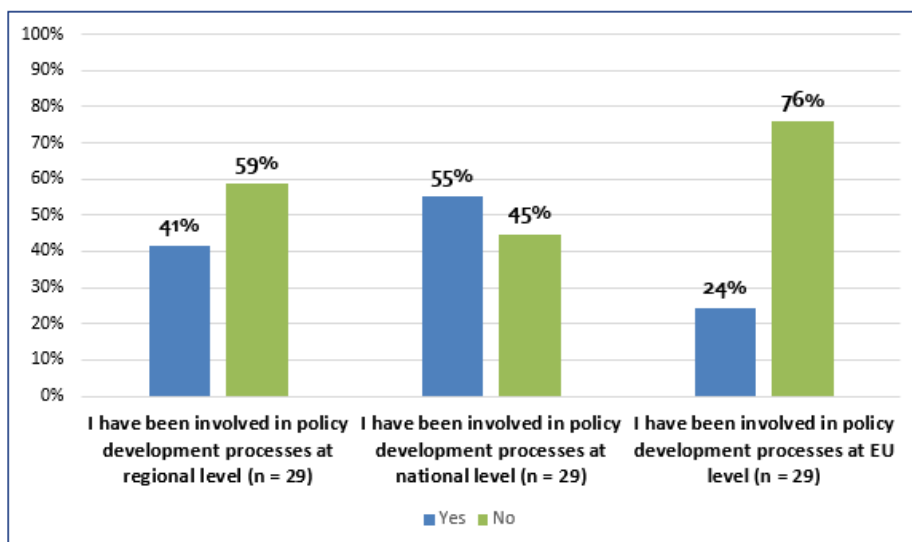


Source: EuroHealthNet Member survey 2022

‘Other stakeholders’ include international/European networks (e.g. International Step by Step Association (ISSA), European Public Health Alliance (EPHA)), national level platforms and regional bodies in the health sector, partners of Joint Actions, local and national authorities, partner organisations at national and European level, universities and research centers.

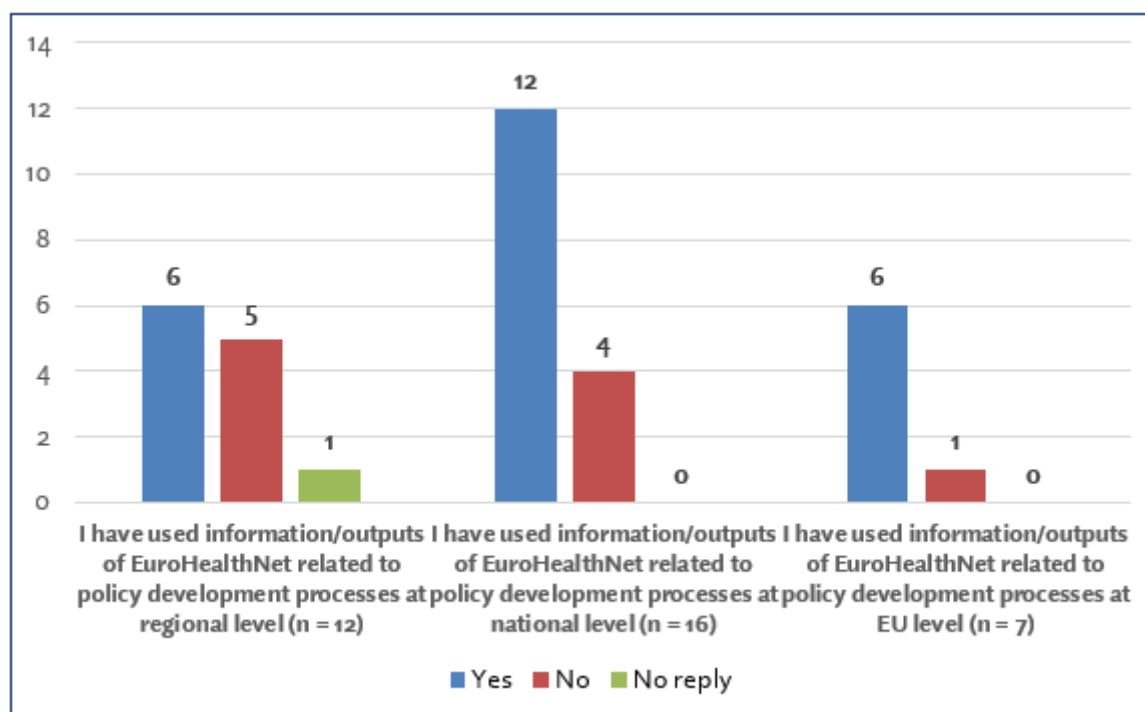
One of the respondents states that he/she would like to strengthen and enlarge the engagement with other partners and members of EuroHealthNet on various topics (e.g. mental health prevention and promotion, Economy of Wellbeing, health equity, alcohol).

Figure A5.14: Have you been engaged in policy development processes in 2021-2022?



Source: EuroHealthNet Member survey 2022

Figure A5.15: If involved in policy development, did you use information/outputs provided by EuroHealthNet? (absolute figures)



Source: EuroHealthNet Member survey 2022

Use of information/outputs provided by EuroHealthNet:

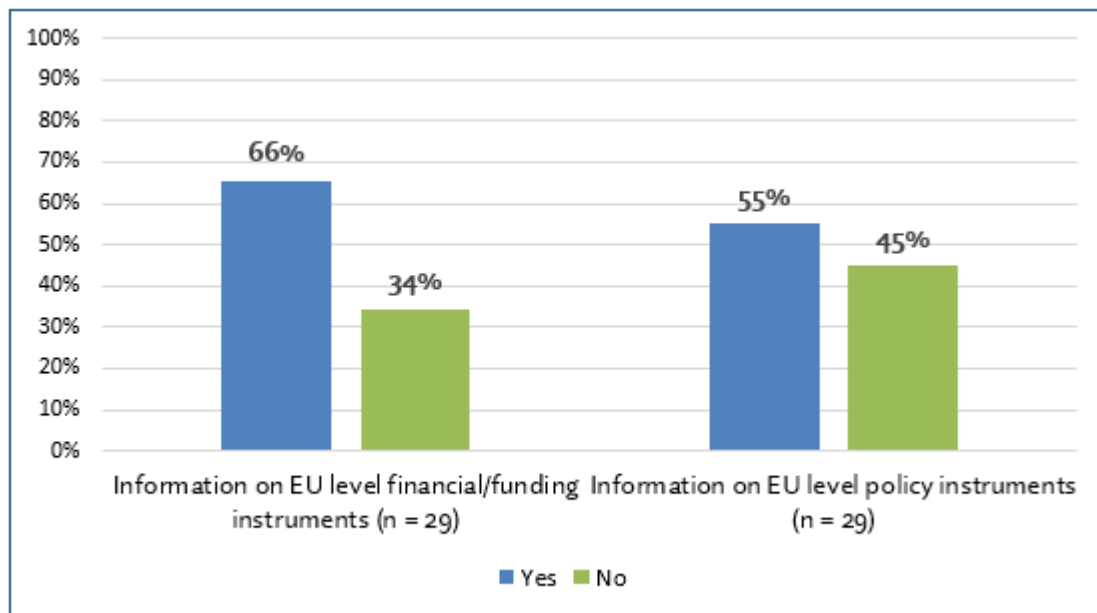
Only a few respondents who did not use the information/outputs provided give an explanation:

- For one respondent it was not clear how to use the information on EU-level developments and frameworks at national level. Therefore, he/she planned to ask more information to the Secretariat.
- One respondent refers to his/her involvement in policy development with the WHO.
- The policy development processes in which the respondent was involved, were not about the topics that EuroHealthNet is dealing with.

Explanation given by respondents who do/did use the information/outputs provided by EuroHealthNet:

- The information of EuroHealthNet is a good source for awareness raising and background information including facts, data and arguments for health promotion and prevention. (4)
- The financial guide is used whenever applicable. (1)
- The Economy of Wellbeing policy précis is used in discussions with national authorities. (1)
- The information related to risk assessment activities regarding the issues of migrants and vulnerable populations. (1)
- The information provided by EuroHealthNet on the European Semester helped to raise awareness about the process. This information could be used in work with other EU-level networks. (1)
- EuroHealthNet highlights the most current and interesting topics and news in the field of health, equity and wellbeing. (1)

Figure A5.16: Did you use any of the following information provided by EuroHealthNet in your work during 2021-2022? (percentages)



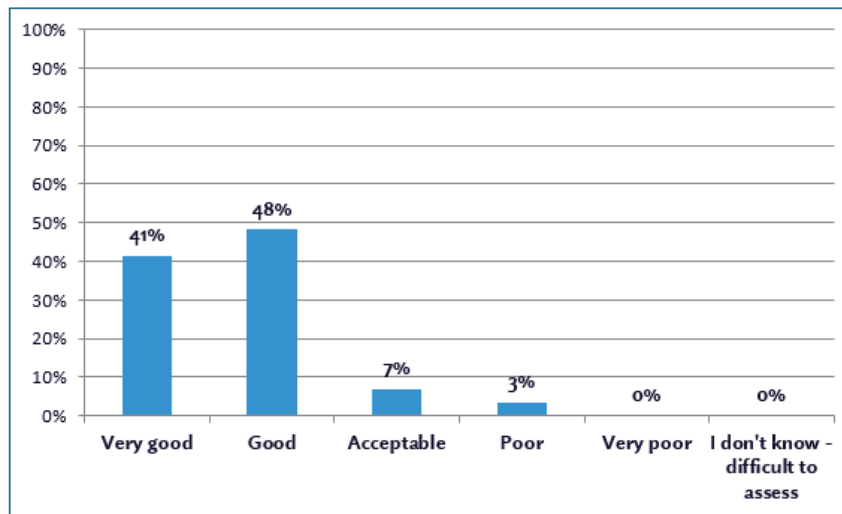
Source: EuroHealthNet Member survey 2022

Some comments of respondents:

- EuroHealthNet provided information on a meeting at national level about use of financial instruments.
- In particular information on the following instruments has been used: Child Guarantee (2), European Semester Country Specific Recommendations (3), RRF (2), Horizon Europe, EU4Health (2), Erasmus+.

One respondent indicates that he/she is not fully aware of these resources and will look further into it. Another respondent explains that he/she has forwarded information to the members of his/her organisation.

Figure A5.17: Assessment of the visibility of the work and results of EuroHealthNet by members (n = 29) (percentages)



Source: EuroHealthNet Member survey 2022

Respondents explain that the outputs are easy to read; the accessibility of the information is enhanced by translation facilities on the website and by translation of some outputs into other languages besides English. Yet, while the importance of the work is recognised, the impact at national level is depending on the setting (e.g. resources and support at national level).

Some comments of respondents:

- EuroHealthNet is always present at relevant (European) conferences and meetings, workshops and discussions. (2)
- While the importance of the work of EuroHealthNet is recognised, the impact at national level is depending on the situation at this level. (1)
- The work across the different Platforms is assessed as excellent. (1)
- The Newsletters have relevant content and are easy accessible. (1)
- The policy briefs contribute to the visibility of EuroHealthNet in an important way. (1)
- EuroHealthNet is a very serious, professional and well-informed organisation. The achievements are remarkable taking into account the limited resources (financial and human resources). (1)
- The accessibility is enhanced by outputs/results available in other languages besides English. (1)
- The outputs are easy to read and have a large scope. (1)
- The use of the outputs of EuroHealthNet depends on the available conditions (e.g. resources and support) at national/regional level. (1)