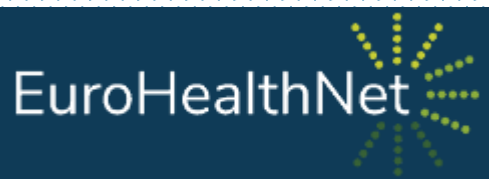


# External evaluation EuroHealthNet 2024

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**Final version**



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Dominique Danau  
SAGO Research  
[d.danau@sagoonderzoek.nl](mailto:d.danau@sagoonderzoek.nl)



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## Abbreviations

AMR	Antimicrobial resistance
CEV	Country Exchange Visit
DG EAC	(European Commission) Directorate-General for Education, Youth, Sport and Culture
DG EMPL	(European Commission) Directorate-General for Employment, Social Affairs and Inclusion
DG SANTE	(European Commission) Directorate-General for Health and Food Safety
EB	(EuroHealthNet) Executive Board
EC	European Commission
EU	European Union
EPSR	European Pillar of Social Rights
ESF	European Social Fund
GC(M)	General Council (Meeting)
HEIA	Health Equity Impact Assessment
M&E	Monitoring and Evaluation
NCD	Non-communicable disease
RRF	Recovery and Resilience Facility
SDP	Strategic Development Plan
TSI	Technical Support Instrument
TWIG	Thematic Working Group(s)
WHO	World Health Organisation

*The external evaluator wants to express her thankfulness to the EuroHealthNet staff, members and stakeholders who contributed to this evaluation round.*

## 1. Introduction

EuroHealthNet is a Brussels-based, European not-for-profit partnership established more than 25 years ago. The current partnership is composed of a total of 82 Members, Associate Members, and Observers<sup>1</sup> from 31 European countries, including 25 EU Member States<sup>2</sup>.

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, behavioral, and political **determinants of health**, which allows members of the Partnership to be agile and responsive to the diverse threats to health equity.

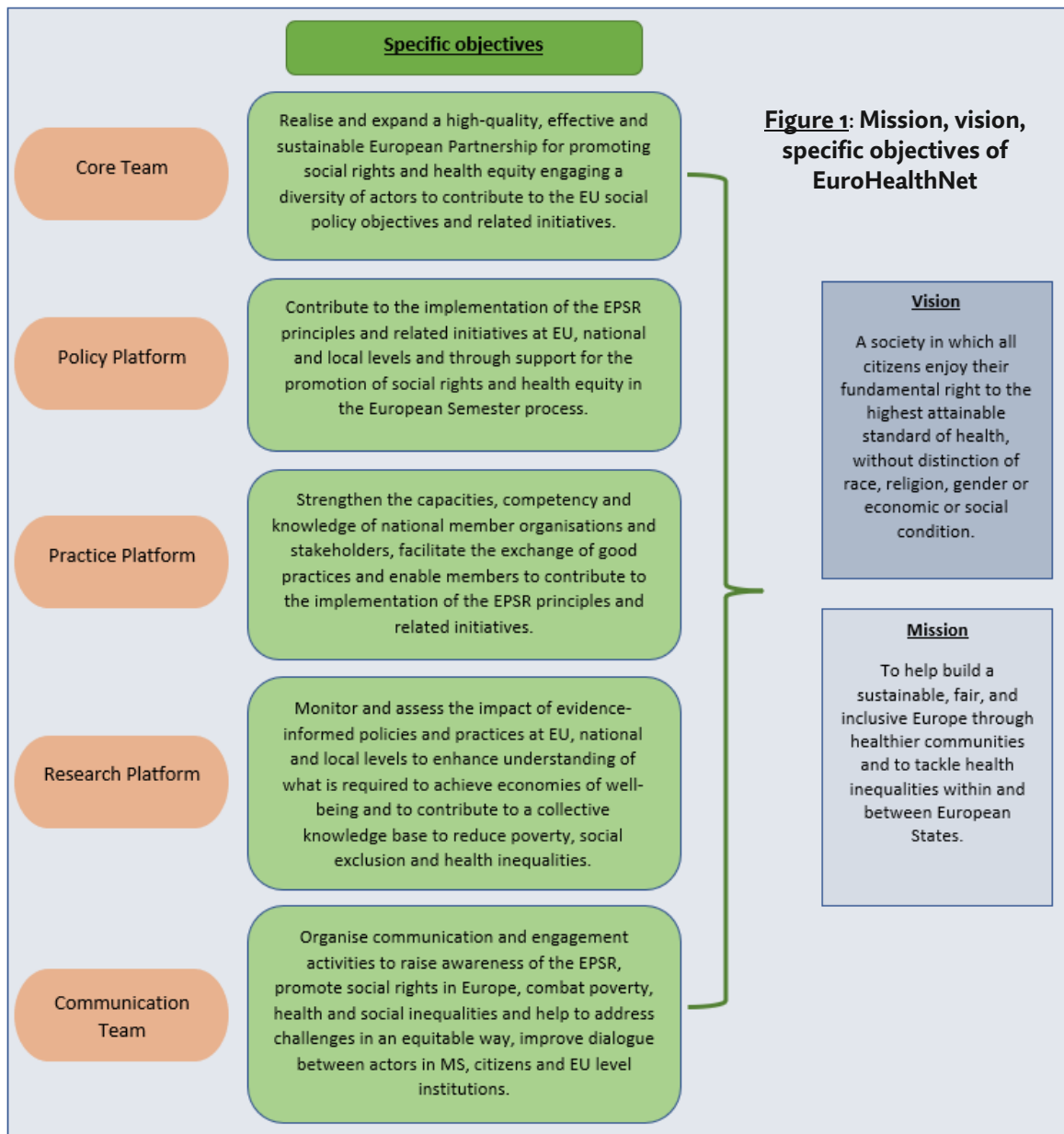
The work of EuroHealthNet is guided by its [Strategic Development Plan \(SDP\) \(2021-2026\)](#).

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](#)).

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<sup>1</sup> 38/78 are members.

<sup>2</sup> As of 11.10.2024



Although the primary focus of this external evaluation is on the implementation of the ESF+ work programme, it also encompasses the evaluation of various [projects](#) in which EuroHealthNet is currently engaged. These projects align with one or more specific objectives. A detailed list of these projects, along with brief explanations, can be found in [Annex 2](#).

### **Reading Guide**

- For readability purposes, members' (with lowercase letter) is used in the text to refer to all categories of Members, Associate Members, and observers, unless specified, whenever relevant.
- The group of interviewees does not fully reflect the composition of EuroHealthNet's membership (no observers, no Associate Practice Members).

## 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

### Monitoring and Evaluation (M&E) Framework based on indicators

The M&E Framework, based on the EuroHealthNet SDP 2021-2026, builds on indicators at output, outcome and impact level and is guiding the monitoring process. A separate (Excel) file is available for the EuroHealthNet Office with an overview of data collected related to the various indicators for 2024. See [Annex 3](#) for the skeleton of the M&E Framework.

### Evaluation

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.

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.

### Data-gathering

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).
- **An annual staff satisfaction and engagement survey.**
- (online) **Interviews** with:

- EuroHealthNet members: in total 12 interviews were done: 8 with Members, 3 with Associate Research Members, and 1 with an Associate Practice Member<sup>3</sup>.
  - Other key stakeholders: 4 interviews were conducted with representatives from (1) EU-level network, (1) EC services, (1) WHO) and (1) national government.
- **An annual Outcome Harvesting workshop with EuroHealthNet staff** (3 October 2024) to collect results achieved by the work of EuroHealthNet and evidence of this, based on perspectives of the staff members.

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<sup>3</sup> Composition of the group of interviewees: 8 Members = 67% of the group of interviewees; 3 Associate Research Members = 25% of the group of interviewees and 1 with Associate Practice Member = 8% of group of interviewees. See [Figure 2](#) for the composition of the partnership.

## 4. Conclusions and recommendations

### 4.1. Conclusions

The external evaluation of EuroHealthNet 2024 shows again positive results: membership is growing, existing members are generally satisfied with the results, staff is motivated, professional and dedicated, the number of invitations to high-level events, input and collaboration is increasing, as well as outreach through (social) media and the uptake of messages (amongst others by media). The results reaffirm the results of the 2022 baseline study and the 2023 evaluation, i.e. that EuroHealthNet is working successfully towards achieving its strategic objectives, while at the same time increasing its basis of operation and its visibility.

In 2024, the Board composition changed and the European elections in June 2024 offered a unique momentum to leverage health equity advocacy in the coming years. This was the perfect moment for EuroHealthNet to launch its [priorities](#) for the European Union (EU) to improve health equity and wellbeing in Europe by 2030 through action on the determinants of health - underlying conditions in which people are born, grow up, live, learn and work, and age. At the same time, the challenges are significant in scope and importance. The various internal and external policy pieces/documents of EuroHealthNet demonstrate that the various areas of work will continue to be implemented in the future: capacity building, advocacy, networking, knowledge development and sharing, and strengthening the evidence-base. The evaluation of 2024 shows that these different areas of work are interrelated and necessary to achieve the strategic goals and mission of EuroHealthNet.

For the 2024 external evaluation, a different group of members was interviewed, yet several findings of the 2022 baseline study and of the 2023 evaluation round are confirmed, demonstrating that a wider group of EuroHealthNet members share similar opinions.

#### Some overall conclusions:

- **EuroHealthNet is (increasingly) recognised as an important player** in the field of addressing determinants of health and reducing inequalities with a focus on prevention of diseases and promotion of good health by looking not only within but also beyond health care. **Collaboration, networking and fostering partnerships are crucial to reach beyond familiar audiences.** EuroHealthNet's expertise and knowledge are strong and persuasive, making it well-positioned to extend its reach even further.
- Opportunities to be/get involved in transnational projects, get access to knowledge, intelligence as well as exchange of knowledge and peer learning are the **main motivators to become or stay a member** of EuroHealthNet. **Interviewees confirm that their expectations towards EuroHealthNet have been met to a large degree.**
- **Policy and implementation gaps** at national level identified by members are already the areas that EuroHealthNet is working on; **bilateral and regional requests from members for support are likely to further increase.**
- **Engagement in EuroHealthNet fluctuates over time**, which is related to various factors, e.g. resources and capacity of members, support from management/leadership of the member organisation to invest in EuroHealthNet (return on investment was mentioned by a few interviewees), prioritisation, the match between pressing needs/ priorities at the level of the member organisation and the activities/services offered by EuroHealthNet as well as the context in which the member is operating. Yet, a few members interviewed express that they would like to be more involved in EuroHealthNet and/or could make better use of the



activities/services offered by EuroHealthNet but that limited capacities are a constraining factor.

- **Clearly EuroHealthNet succeeds in capitalising and building on results, as well as creating linkages between different areas of work**, e.g. the Foresight Study, the Health Priorities, and results of various projects led to further work, new invitations for high-level meetings, new requests for cooperation, etc.

The following paragraphs present the results (outcomes and outputs) of the 2024 evaluation and illustrate coherence and complementarity between the various activities implemented.

#### **4.1.1. EuroHealthNet as a European partnership for promoting social rights and health equity**

- The EuroHealthNet partnership has **continued to grow to a total of 82 members by mid-October 2024** (coming from 73 at the end of 2023); the largest growth is reflected in the number of Research and Practice Associate Members joining (+5 each). The number of Research Associate Members (24) surpasses the number of Policy (11) and Practice Associate Members (16), whereby there are overlaps between the different platforms. *The question that arises is how this affects the network (e.g. the General Council is the highest governing body, composed of full members and responsible for formulating EuroHealthNet policy, while the full members are not 50% of the membership (anymore) and the work of EuroHealthNet (more interest in research?).*
- The General Council currently has 38 full Members. In January 2024, the composition of the Board changed, with a new President and Vice-Presidents, as well as a new Treasurer.
- A development that does need to be monitored is the composition of the funding mix. Currently, 84% of the funding is restricted, meaning that the use of these funds is linked to (strict) terms and conditions. Yet, a slight decrease in restricted funds is emerging.
- The **reasons why organisations join and remain members of EuroHealthNet** mentioned by the 2024 interviewees are very similar to the previous evaluation round, i.e. exchange and peer learning, (easier) access to knowledge, expertise and intelligence, networking, connection to European processes, to be/get involved in transnational project work and increased visibility. Furthermore, membership provides legitimacy and credibility to their own work.
- Based on the results of the Outcome Harvesting Workshop with EuroHealthNet staff and the analysis of participation in a number of key events and activities of EuroHealthNet, the **level of engagement of members is overall good** (e.g. participation in TWIGs is expanding), though a full membership engagement analysis was not implemented.
- The **Office staff composition** saw a minor change over the past year, with the team growing to 22 members. Overall, **staff report positive assessments of their jobs, work environment, and working conditions**. However, average scores on different factors—such as organizational transparency, job fulfillment, leadership support, and open communication—have shown a slight decrease. Notably, the lowest average score remains at 3,5 out of 5, indicating a generally high level of satisfaction with some areas for improvement, considering the consequences of a growing team. Members view the Office team very positively, recognising its professionalism, effectiveness, and efficiency.
- In 2024 more attention was paid to **gender, equity and diversity in the workplace**, amongst others through a members-only workshop gathering 39 participants from 22 member organisations.

#### 4.1.2. **Contribution to the EPSR principles and related initiatives (POLICY)**

- In pursuit of its objectives, particularly around policy development, collaboration with external stakeholders is essential for EuroHealthNet, helping to amplify its influence. **Stakeholders cite various reasons for their engagement with EuroHealthNet**, including shared priorities in prevention and health promotion, EuroHealthNet's role in European processes like the European Semester, and the network's visibility, high-level connections, and expertise. Recently, stakeholders have observed that EuroHealthNet's messaging has become more focused and precise, addressing past perceptions of vagueness or overly "socially desirable" language. They are also interested in seeing how the Wellbeing Economy will be implemented, especially regarding the specific parameters that will define the implementation of this approach.
- Furthermore, these stakeholders also point to the possibility and even the necessity to reinforce the voice of public health, through cooperation, whereby **a public health platform was suggested** (cooperation between different EU-level networks including EuroHealthNet representing civil society, public health institutions, research and training actors).
- **Connecting EU-level frameworks (like the EPSR and European Semester) to member activities is challenging**, as implementation largely depends on national contexts. EuroHealthNet can aid members in policy and advocacy efforts to impact national frameworks. **Members have suggested additional support** beyond existing resources (such as bilateral work, policy meetings, TWIGs, members-only briefs, Flashcards and policy papers). Proposed support includes sharing successful implementation examples from other countries, co-hosting national events on health promotion, and thereby inviting government officials to foster dialogue and awareness. At the same time, a strong partnership requires mutual engagement, whereby the Office provides resources and guidance, while members align with and advocate for shared goals.
- Some interviewees have **expressed interest in increased engagement with policy actors**, echoing feedback from the previous evaluation round, mainly to be more impactful together as a partnership at EU-level. Recent capacity-building initiatives—such as a study visit to Brussels featuring an exchange with MEPs, exploration of tools for policy influence, and a members-only seminar to share the latest policy insights—aim to address this request from members.
- EuroHealthNet's overarching vision is to establish a **Wellbeing Economy** in the EU that supports people, the planet, and promotes peace, dignity, equality, and fairness. The organisation has produced several outputs on this topic and received invitations to present its views. Both members and external stakeholders recognise EuroHealthNet's potential to make the Wellbeing Economy concept more tangible. While EuroHealthNet has developed a strong conceptual framework and can connect the vision to local actions through its members, some question if it can fully embrace this role. Concerns include ensuring EuroHealthNet's contributions add substantial value, given extensive existing work, and the challenge of making the Wellbeing Economy actionable concrete in a context where measurable outcomes are often required to validate its existence.
- In interviews, members discussed their **collaboration with the WHO**, with most indicating some level of engagement in various formats. These partnerships occur through networks like Regions for Health and Healthy Cities, as well as in areas such as investments in health and wellbeing, joint programmes, and advisory panels. Members encouraged EuroHealthNet to continue its collaboration with the WHO, while acknowledging the potential risk of differing positions between EuroHealthNet and its members, although no conflicts have arisen thus far. Interviewees also emphasised the importance of seeking influence opportunities beyond the European Commission and the EU.

- The interviews revealed mixed views on **EuroHealthNet’s role in promoting and developing innovative** approaches to prevention and health promotion, such as the "Wellbeing Economy." Some see EuroHealthNet as a source of innovation, driving new ideas through its projects, while others find its approach more abstract and view the organisation as a facilitator rather than a direct innovator. This comment should be seen in a European context where some member organisations are more advanced than others in terms of innovation in their own country. The role of EuroHealthNet varies accordingly, i.e. facilitator, driver of innovation. The concept of "co-creation" was mentioned as a valuable but probably not sufficiently highlighted method for engaging stakeholders in addressing health inequalities. There is also concern about complacency in the public health community, with some emphasizing the need for continued investment in health promotion and prevention, even with a long-term payoff.

#### **4.1.3. Strengthening the capacities, competencies and knowledge of members and stakeholders (PRACTICE)**

- The activities and events organised through the Practice Platform enhance the capacity development of EuroHealthNet's members. This expanding **Platform plays a crucial role in gathering local evidence and best practices** to support this development while also influencing policy. Members emphasise the need to maintain a focus on EuroHealthNet's core themes while also allowing space for new topics or intersections among existing themes.
- **Access to information on EU funding opportunities is essential for members**, as highlighted in the interviews. Support in obtaining EU-level funds is highly valued, with some interviewees noting the importance of EU funding given the substantial limitations in national health promotion funding. **Members particularly appreciate matchmaking events.**
- In 2024, many interviewees continue to view the **Country Exchange Visits (CEVs)** as essential activities of EuroHealthNet, with positive feedback received by the Office following these events. CEVs create valuable opportunities for learning, collaboration, and showcasing expertise. Hosting these exchanges locally, with key partners invited by members and other EuroHealthNet participants, is seen as a significant chance to share knowledge and leverage the expertise within the network. Some interviewees noted that the CEVs helped them connect with partners for collaborative Joint Actions. Overall, the CEVs broaden participants' perspectives, provide new insights, and offer a unique platform for sharing experiences that is otherwise limited.
- The **Thematic Working Groups (TWIGs)**<sup>4</sup> provide a platform for EuroHealthNet members, associate members, and external partners to collaborate, share ideas, and develop strategies while enhancing their skills. These member-led groups allow participants to determine topics, set agendas, chair meetings, and lead collectively agreed-upon activities. Also in this 2024 evaluation round, the TWIGs are considered as key tools of EuroHealthNet to produce results; *"TWIGs are the places where the real work is happening, and synergies are shaped"*. Interviewees make a plea to involve practitioners in the TWIGs beside policy actors and researchers. The number of members involved in the TWIGs is increasing, with a total of 28 for 2024 (some members are part of more than one TWIG).
- Overall, members view the **bilateral work with EuroHealthNet positively**. Some interviewees anticipate an increase in requests for assistance from the EuroHealthNet Office in influencing or developing local, regional, and national policies. Furthermore, there may be a rise in requests for help in connecting members with other stakeholders, especially related

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<sup>4</sup> Social Marketing to Address Addictions TWIG, TWIG on Healthy Urban Environments, TWIG on Health Promotion and Disease Prevention Best Practice Portals, as well as a new TWIG on mental health launched in 2023

to implementing new approaches like the Wellbeing Economy or organizing associated activities.

#### 4.1.4. **Monitoring and assessing the impact of policies and practices (RESEARCH)**

- This **Platform is further growing in numbers of members involved and activities implemented**. Interviewees view the involvement of research organisations as crucial, as researchers bring essential knowledge about innovation and practical technical realities. The continued expansion of the Research Platform is regarded as a valuable asset for informing the policy development cycle, providing evidence to guide interventions and decision-making prior to implementation.
- In May 2024, EuroHealthNet held a **second (online) meeting for Research Platform Associate Members**. This meeting allowed participants to share experiences, discuss scientific approaches and cutting-edge research, network with European researchers, gain insights into the EU health policy and research agenda, and explore opportunities offered by EuroHealthNet.
- In 2023 EuroHealthNet developed a ‘how to’ guide on **Health Equity Impact Assessment (HEIA)** for its partnership including amongst others, methodologies, and good practices. This guide was launched in a webinar in 2024 and is available for members only.
- Some interviewees discovered the EuroHealthNet **Health Inequality Portal** while preparing for the evaluation interview and recommended enhancing its visibility, a task the Office is already working on. A minority of interviewees are familiar with the Portal and praised it as an excellent resource, providing access to multiple databases and data sources that facilitate comparisons and enhance understanding of the broader context. All interviewees agreed that both members and the wider community need reminders about the Portal and its potential applications. One suggestion was to link the EuroHealthNet Portal to/from existing national or regional portals.
- EuroHealthNet’s involvement in **projects and Joint Actions** has remained steady, **with a total of 15 for 2024**. These projects and Joint Actions are crucial for knowledge development, networking, showcasing expertise, and attracting new members. Its roles in these initiatives range from coordination to disseminating and leveraging results and engaging stakeholders. Currently, about one-fourth of the membership participates in these projects (some members are involved in more than one project), addressing diverse member needs. Members find value in EuroHealthNet’s involvement in projects and alliances, even when the member organisations themselves are not directly involved. As noted in previous evaluation rounds, also this year it clear that successful project execution has created a snowball effect, where one project often leads to new opportunities. These projects complement grant agreement activities, allowing both members and the wider community to benefit from outcomes, e.g. through project newsletters.

## 5.2. Recommendations

In earlier evaluation rounds, recommendations were made, and actions were implemented for follow-up. In the 2024 evaluation round, recommendations are presented as (A) aligned with previous suggestions and (B) as new proposals. The repetition of recommendations does not imply that no action has been taken in the meantime; rather, it signifies that a new group of members supports these recommendations.

## **A. Recommendations in line with 2022 and 2023 recommendations:**

1. **From individual to organizational learning:** this can be applied both at the level of individual member organisations and at the level of the network connecting these members. While EuroHealthNet has a limited influence on individual organizations, it can help facilitate the conditions necessary for knowledge transfer across the network, through measures such as:
  - Facilitate further knowledge sharing (e.g. regional).
  - Ensuring that key learnings from projects, research, etc. are documented and accessible (e.g. the detailed reports of CEV are much appreciated).
  - Envisage use of collaboration tools to support learning.
  - Foster cross-functional/platform learning, facilitating the transfer of knowledge across functional boundaries.
  - Involving leaders in activities.
  - Implement feedback mechanisms, like what is done through evaluation, use of evaluation forms, use of communication analytics.

Transferring individual learning to organizational learning is crucial for maximizing collective knowledge, fostering innovation, and creating impact. It allows organisations to scale insights, mainstream best practices, and enhance innovation through diverse knowledge-sharing. This process also improves adaptability by learning from successes and failures, retains expertise despite turnover, and gives organisations a competitive advantage. Shared knowledge promotes better problem-solving, continuous improvement, and informed decision-making. It also increases employee engagement and retention by valuing contributions and aligning individual learning with strategic goals to drive innovation and organisational growth.

2. **Peer learning and exchange:** multiple opportunities are offered by EuroHealthNet for members to exchange and learn from each other on specific topics, challenges they face, policy and implementation gaps, and possible roads to solutions on a transnational, national and regional basis. During the interviews, members suggest to further strengthen this peer learning through regional meetings, and dynamize the links between the Platforms. **Reflection is recommended on whether closer connection between the working structures (Platforms, TWIGs, etc.) will lead to (further) added value and how peer support between members can be further strengthened.**
3. **Strengthening the visibility of key tools:** action has been taken to further promote the Health Inequalities Portal, which seems necessary since during this evaluation round, it was found that interviewed members either do not know this resource or do not know its content, while those members who do know the tool consider it a valuable database.

## **B. New recommendations**

4. **Role of EuroHealthNet in innovation:** Members (and stakeholders) have various expectations in relation to the role of EuroHealthNet in the development of innovative approaches to addressing health inequalities focusing on promotion and prevention. Some believe that for long-term survival EuroHealthNet needs to be more innovative, while others don't see this as a role for EuroHealthNet. Yet, also internally in the Office this reflection was raised during the Outcome Harvesting Workshop. At the same time members and stakeholders have expectations towards the support of EuroHealthNet in the practical implementation of innovative approaches like the Wellbeing Economy, considering that EuroHealthNet is well positioned to make the connection between the wider picture and local examples and to use the partnership of member organisations to realise this. **It is recommended to reflect on what role EuroHealthNet wants to assume in this context and what is needed to fulfill this role.** E.g., knowledge broker and capacity builder, by identifying, and sharing best practices and evidence-based approaches in prevention and health

promotion or partnering with research institutions, helping to develop frameworks for evaluating the impact of health promotion programs, ensuring that outcomes are measurable, and that evidence supports future scaling efforts.

5. **Capacity of the Office team:** The team has continued to grow in recent years, as activities have also increased in size. Also, for example, the expectations some members have towards the role of EuroHealthNet in the development of innovative approaches, but also the expected increase in requests for bilateral support from members, has implications on the capacity of the team. One suggestion given during the interviews was to temporarily strengthen the team with staff members from member organisations. Moreover, expanding the team poses other challenges and has implications for e.g. communication dynamics, team cohesion, a possible need for scaling up operational systems and workflows, managing a balance between bringing in new ideas and maintaining stability, the necessity of more formalising processes, etc. The most recent staff survey shows positive results with some points of attention. **A follow-up to this survey, as announced in the Outcome Harvesting Workshop is a good way forward. Moreover, it is also advisable to further reflect on what the implications of team expansion mean in practice and what is needed to meet them.**
6. **Expanding the sphere of influence – stakeholder mapping in view of priorities and new strategy:** Indicating an unambiguous and straightforward relationship between advocacy actions and changes in policy is a quasi-impossible task. What can be established, however, is that EuroHealthNet succeeds in steadily expanding its sphere of influence in order to come closer to achieving its mission and strategic goals. It is important to **get a clear picture of who the real key stakeholders are who can support EuroHealthNet further in this respect**, also given the priorities set out in the [document identifying future priorities](#). This is also **about looking at a broader context**. As also pointed out in the [Annual Report 2023-2024](#), the scope of the work is broader than ever, in striving for a Wellbeing Economy. Therefore, engagement has been taken up with many areas (social rights, economics, digital technologies, education, etc.) in addition to health.
7. Furthermore, during the interviews some **isolated suggestions** were presented:
  - For the Office to organise **“digital runs through written outputs”**: members are well aware of the added value of various written material but have not always the resources to read through every freshly delivered output. Therefore, short online briefings could improve understanding and engagement.
  - Some **additional or strengthened areas of work**: gender and health as well as implications of changes in society for the infrastructure and labour force in society; changing patterns in diseases and impact of this on health infrastructures and systems.

## 5. Findings

The presentation of the findings is structured along the 5 specific objectives of the annual Work Plan ([Figure 1](#)). Several findings of the 2022 baseline study and of the 2023 evaluation round are confirmed in this 2024 evaluation, indicating that a larger group of members share the same opinion on a number of aspects analysed<sup>5</sup>.

### 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 2024
<b>Maintain and expand our high-quality, effective, and sustainable Partnership with members across Europe</b>	
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.

<sup>5</sup> Every year a different set of members is interviewed, aiming to have the full partnership interviewed at the end of the 4-year period covered by the M&E Framework (2022-2025).

### 5.1.1. **Benefits of EuroHealthNet membership**

The EuroHealthNet partnership with different types of members has grown steadily over the years, with a total of 82 members by mid-October 2024. In 2024, 5 Research Associate Members, 4 Policy Associate members, 5 Practice Associate Members and 1 Observer joined the Partnership<sup>6</sup>. The challenging context in which EuroHealthNet is operating influences the decisions of organisations to actively engage with EU-level networks.

The benefits that EuroHealthNet membership offers as expressed by interviewees are outlined in the following list:

- **Shared vision on health inequalities:** EuroHealthNet fosters a common understanding of the social determinants of health, providing inspiration and direction for members.
- **Information and expertise exchange:** Members benefit from a collaborative platform to share and gain knowledge.
- **Focus on promotion and prevention** aligning with members' priorities as well as on a **transnational health perspective** highlighting the importance of cross-border cooperation in tackling global health issues, such as climate change.
- **Access to a broad network:** Members can connect with a diverse range of organizations, expanding collaboration opportunities. *“Gathering public institutions that can really make a change at national level and across Europe”.*
- **Exclusive information access:** EuroHealthNet provides resources and data that may be difficult for members to obtain on their own due to limited resources or involvement in other networks.
- **Updates on policy and EU financial instruments:** Members are kept informed about the latest policy developments and funding opportunities at the EU level, which is vital for some members. For a small number of interviewees, EuroHealthNet serves as their primary source of information on this matter.
- **Connection to European processes:** Through EuroHealthNet as the leading voice at EU level on health equity, members are offered the opportunity to engage with EU-level institutions and participate in European policy-making.
- **Motivation to improve public health at national level** and therefore needing knowledge about what is happening in other countries in Europe.
- **Involvement in project work:** Through involvement in EuroHealthNet members have the opportunity to participate in transnational projects and/or can profit from transnational

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*“Public health does not have boundaries. Despite all differences, problems and solutions are very common”.*  
EuroHealthNet evaluation interviews with members 2024

<sup>6</sup> **2024 New Associate members RESEARCH Platform:** Centre of Expertise Perspective in Health, Avans University of Applied Sciences, Balearic Islands Public Health Department, Faculty of Medicine at the University of Turku, DEFACTUM Department of the Central Denmark Region, University of Applied Sciences Arnhem and Nijmegen. School of Sports And Exercise. **2024 New Associate members POLICY Platform:** Council of Occupational Therapists for the European Countries (COTEC), Balearic Islands Public Health Department, Faculty of Medicine at the University of Turku, DEFACTUM Department of the Central Denmark Region. **2024 New Associate members PRACTICE Platform:** Council of Occupational Therapists for the European Countries (COTEC), Balearic Islands Public Health Department, Faculty of Medicine at the University of Turku, European Public Health Nutrition Alliance (EPHNA), Nordic Wellbeing Academy. **2024 New Observer:** Ministry of Health of Ukraine.



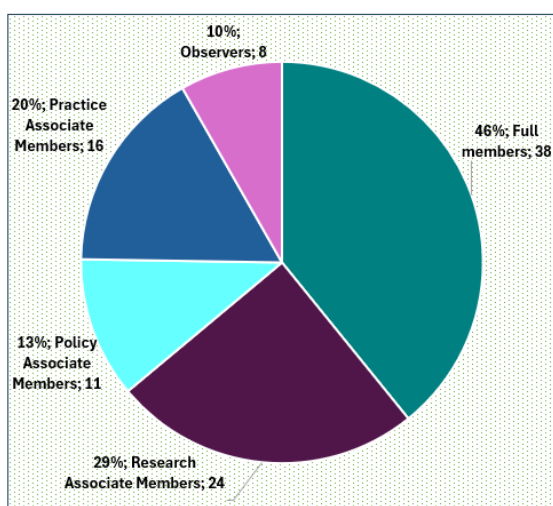
projects in which they are not involved, creating communities of interest and advancing their own and the network’s agendas. Furthermore, projects also generate new membership.

- **Increased visibility and communication:** Members are supported in communicating their vision and innovations to a wider audience, offering more visibility through EuroHealthNet channels like the Newsletter. Interviewees suggest even giving members a more prominent feature in the Newsletter.
- **The membership of EuroHealthNet provides legitimacy and credibility** to the own work.

### 5.1.2. Composition of the partnership

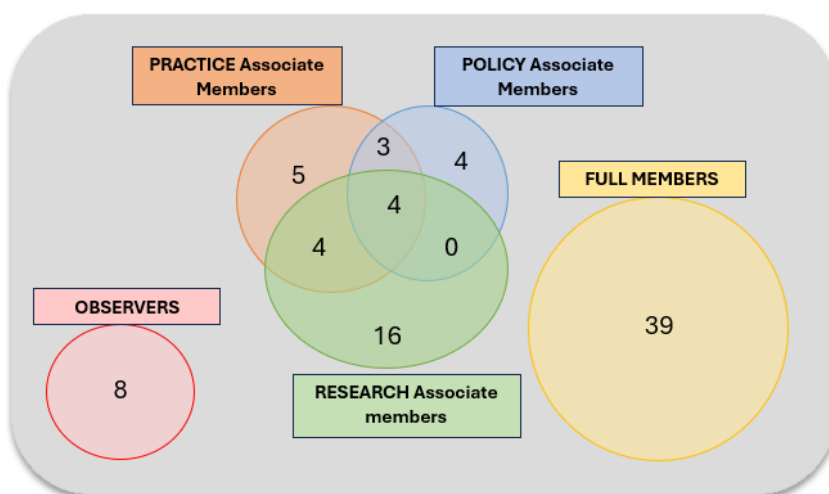
Organisations can be member of various EuroHealthNet platforms in parallel as can be concluded from Figure 2 (the sum is more than 100%).

**Figure 2: Composition of EuroHealthNet on 15.10.2024 (n = 82) (absolute figures and percentages)**



Source: EuroHealthNet website figures (15.10.2024)

**Figure 3: Composition of EuroHealthNet on 15.10.2024 – overlaps between the Platforms(n = 82) (absolute figures)**



Source: EuroHealthNet website figures (15.10.2024)

The Research Platform is further growing from 14 members in 2022 to 24 members in 2024; the same is happening with the Practice Platform from 5 members in 2022 to 16 in 2024 and with the Policy Platform (3 members in 2022 and 11 in 2024).

The share of full members is thus becoming smaller in the partnership and the question that arises here is how this affects the network (e.g. General Council is the highest governing body, composed of full members and responsible for formulating EuroHealthNet policy, while the full members are not 50% of the membership (anymore) and the work of EuroHealthNet.

### **5.1.3. Making the best use of the opportunities offered by EuroHealthNet**

While interviewees refer to various opportunities that are offered by EuroHealthNet to strengthen their knowledge and expertise as well as their capacities (to advocate, to cooperate, etc.), it is **relevant to have more insights about how learnings are applied by members** and what the added value of EuroHealthNet means concretely for members. Some interviewees suggest sending a short questionnaire to members before an event to identify the most suitable profile of participants within an organisation (to be most beneficial both for the network and for the member). Like in previous evaluation round, interviewees explain that being involved in governance bodies opens up further opportunities for involvement as a member organisation (e.g. invitations to participate in high-level events). Also, the organisation of General Council meetings or Country Exchange Visits in a country allows to showcase the own expertise, to see the daily work in practice and to have a better understanding of the work of the member. Online meetings are more inclusive but lack the informal moments during which new ideas often arise, collaborations grow and further steps are taken in implementation of actions.

Examples are given by interviewees of learnings applied in the own organisation, e.g. resulting from the participation in Country Exchange Visits, members have gained a different perspective on possible solutions. Initiatives are cited of how in their organisation feedback loops are incorporated (e.g. through internal reports, internal seminars) when staff members participate in EuroHealthNet events. Further dissemination of information within member organizations is also seen as a matter of “getting the most out of membership. *“We pay a membership fee and there must be return on investment”*. **Good practices are highlighted by EuroHealthNet staff to inspire other members.** Furthermore, learnings have also been implemented through the TWIGs and other exchanges between members. However, according to those interviewed, there is no magic formula for effectively and efficiently transforming individual learning into organisational learning to increase impact.

As highlighted in the previous evaluation round, several **interviewees expressed a desire to be more actively involved in EuroHealthNet.** However, they cited a lack of time and uncertainty about how to better use the opportunities available as key barriers. Interviewees view it as a challenge to find ways to boost engagement with EuroHealthNet, especially given the (overwhelming) amount of information being generated. One suggestion was for EuroHealthNet to hold brief, digital briefings to quickly introduce new outputs. This could enhance both understanding and engagement. Currently information is available in written format, yet it takes (considerable) time to find out what is interesting. Interviewees also reveal that reflection is needed on how to reach the professionals at grassroot level; the information available is considered to be very useful but is underused at local level (the same for the use of the Health Inequalities Portal). Members recommend to exchange experiences on this with other members.

During the interviews it was suggested to organise regional meetings, to bring together members with similar challenges. Another suggestion was to dynamize the links between the Platforms to further create added value.

#### **5.1.4. Governance and leadership**

In an extraordinary General Council meeting in January 2024, a new President was elected (Suzanne Costello, the Chief Executive of the Institute of Public Health in Ireland) as well as a new Treasurer (Lorna Renwick, Public Health Scotland). In October 2024, the Executive Board is composed of 11 members (10 women and 1 man). The General Council is the highest governing body and consists of 39 full Member organisations (October 2024).

#### **5.1.5. Meetings and events organised**

EuroHealthNet (co)organised a total of 30 meetings and events in 2024, (6) statutory meetings and project-related meetings included, the meetings of the TWIGs are not included. 11/30 meetings and events were online.

Office data (2024) indicates that overall member engagement within EuroHealthNet is positive, with an average score of 2.96/4<sup>7</sup>. However, it's important to note that (core) Members have more opportunities for participation and engagement compared to Associate Members and Observers. As with any member-based network, engagement levels fluctuate over time, influenced by factors such as capacity, priorities, and alignment with current topics. Several interviewees emphasised that creating spaces for mutual learning and collaboration is key to fostering member engagement.

Based on participants' lists of five events organised in 2024, it can be concluded that 70% of the participants are female (in line with figures of previous evaluation rounds)<sup>8</sup>.

The EuroHealthNet Office provides detailed reports on significant events. Sharing these reports with participants supports information exchange, recognizes member contributions, and highlights the importance of EU-level policies, frameworks, and tools for members at national, regional, and local levels.

#### **5.1.6. Activities and services offered**

The General Council (GC) Meeting took place in Utrecht, the Netherlands, on 3-5 June 2024 and was organised by the [Dutch National Institute for Public Health and the Environment \(RIVM\)](#) and the [Trimbos Institute](#).

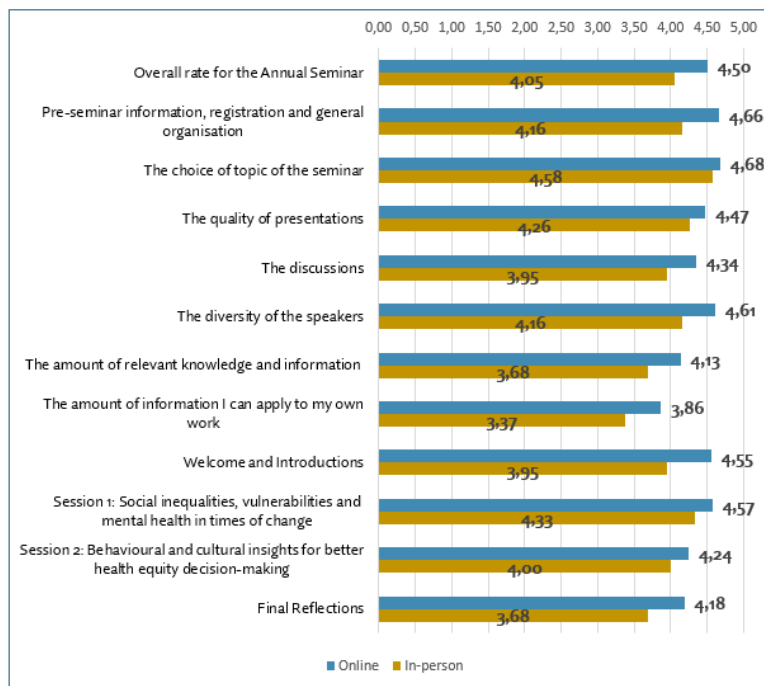
Linked to the GC meeting, the Annual Seminar was organised in 2024 in Utrecht (the Netherlands) on [Navigating times of change for public health: New insights on mental health, wellbeing and health behaviours to advance health equity](#). The hybrid seminar brought together over 125 in-person and around 300 online participants, including policymakers, experts and senior officials

<sup>7</sup> This estimate was made in 2021; no update is currently available.

<sup>8</sup> These participants lists are related to the meeting of the Research Associate Members (14.05.2024), Policy and Strategy meeting (25.01.2024), Capacity Building Study Visit (02-03.-9.2024), Policy Intelligence webinar (17.10.2024), Info and Matchmaking Day on EU4Health (25.10.2024).

from national and regional public health bodies. The number of participants for 2024 was much higher compared to 2023 (about 300 in total). A [report](#) is available with the main results of the Seminar. 19 evaluation forms were completed by people participating in-person in the event and 38 by online participants.

**Figure 3: Assessment of the different sessions of the Annual Seminar on 3 June 2024** (average scores) (online respondents n = 38; in-person respondents n = 19)



Based on the evaluation results, it can be concluded that the average scores of the online participants are (slightly) higher than the scores of the participants that participated face-to-face. The highest scores are given to the choice of the topic of the seminar (both online and in-person participants), pre-seminar organisation (online participants), diversity of speakers (online participants) and the session on social inequalities, vulnerabilities and mental health in times of change (both online and in-person participants). The lowest scores are given to ‘the amount of information I can apply in my own work’ (both online and in-person participants).

EuroHealthNet published in 2023 a [report](#) (The Future of Public Health in Europe) resulting from a **Foresight** study done in cooperation with the [Copenhagen Institute for Futures Studies](#) investigating the role of public health by 2035 in achieving health equity through health promotion and prevention, in the context of the digital and green transition. In 2024 the full report and the summary were launched on the occasion of the [High-level Conference on the Future EU Health Union](#) organised by the Belgian Presidency of the Council of the EU (March 2024). Interviewees assessed the study to be very relevant for EuroHealthNet and the broader health community “*The purpose behind the Foresight exercise is strategic thinking; it challenges our thinking via common paths*”. The report was disseminated through EuroHealthNet’s social media and other communication channels, as well as through the LinkedIn page of the Copenhagen Institute for Future Studies (with 45.000 followers) and was translated into Italian by one of the Italian EuroHealthNet members.

In April 2024 a staff member of the EuroHealthNet Office was invited to a foresight workshop organised by the European Economic and Social Committee (EESC) in cooperation with the Joint Research Centre on [A Blueprint for a European Green and Social Deal, based on a wellbeing economy](#).

### 5.1.7. The Office

The staff counts at the time of finalising this report 22 staff members (one more compared to 2023). **Members value the Office team as very positive, a confirmation of the 2023 results:** “The team is valued as very efficient, highly skilled and pleasant in cooperations”. “The Office is very effective and efficient”.

In 2024 a staff training on gender, equity and diversity was organised (January 2024), as well as a workshop on the use of artificial intelligence (March 2024).

The 2024 staff survey had the same questions as in 2023 and 2022, allowing comparison. 18 complete questionnaires were returned:

- The **figures show a positive assessment score of satisfaction of the EuroHealthNet staff with their job, work environment and working conditions**. The lowest satisfaction score is 3,5/5.
- **Improvements** are identified in relation to:
  - Interaction with partner organisations (networks, CSOs, etc.) was a point of attention raised in 2023 survey).
  - Support offered by the organisation in supporting work-life balance (it was point of attention raised 2023 survey).
  - Recognition for the work from project partners/other key stakeholders.
  - Recognition for the work from EuroHealthNet members.
- Yet, the average scores on different items show a (slight) decrease. More in particular specific points of attention are:
  - Transparency in the organisation.
  - Extent to which the own work is fulfilling.
  - Support from leadership in EuroHealthNet enabling to perform better (see also 2023).
  - Ability to freely communicate concerns, suggestions and ideas.

One potential contributing factor is the growing number of staff members, which can impact communication dynamics, team cohesion, the need to scale operational systems and workflows, balancing new ideas with stability, and the requirement to formalize processes.

- **Staff is in particular satisfied/happy with:**
  - Clarity about how the daily work supports the projects in which EuroHealthNet is a partner (4,79/5) and how the daily work supports the ESF+ core grant (4,65/5).
  - The flexibility offered at work (4,71/5).
  - The support offered by the organisation in relation to the work-life balance of staff (4,54/5).
  - The recognition staff received for their work from project partners or other key stakeholders, the availability of the necessary resources to effectively perform their job (e.g. information, tools) and the support provided by the team whenever needed (all 4,45/5).

The flexibility offered at work and the support in keeping a (healthy) work-life balance were items that were last year also in the list with the highest scores.

### 5.1.8. **Projects and Joint Actions**

In October 2024, EuroHealthNet is involved in 15 projects/Joint Actions and this in different roles:

- Coordination (e.g. [Schools4Health](#)).
- Communication, dissemination and exploitation of results (e.g. [BEST-COST](#), [CHAIN](#) Health Inequalities, [PSLifestyle](#), [RIVER-EU](#), [MENTALITY](#)).
- Engagement of stakeholders (e.g. [BEST-COST](#), [Invest4Health](#)).
- Evaluation
- 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](#)).

In 2024, 19 members were involved in 9 projects/Joint Actions in which EuroHealthNet is also participating. These 19 members have a high level of engagement in EuroHealthNet overall (average score of 3,76/5 on engagement of these members while the overall average engagement score of all EuroHealthNet members is 2,96/5).

**These projects are important to EuroHealthNet for various reasons:** knowledge development and exchange, networking with existing and possibly new partners, demonstrating expertise of the network, attracting new members through their involvement in the projects or because organisations see EuroHealthNet as a possible platform to get involved in transnational projects, the advantage that members see in EuroHealthNet's involvement in transnational projects as they can benefit from the results.

Additionally, past evaluation rounds have already highlighted that one project often leads to another. During interviews, members expressed that they see potential for EuroHealthNet to take on a broader role in coordinating and disseminating project results and activities. The projects EuroHealthNet engages in are also well integrated with its other, non-project-based work. Through various forms of cross-linking, members and a wider community of stakeholders can access and benefit from these project outcomes (for example, through the distribution of project newsletters).

Considering the scope and depth of expertise of EuroHealthNet on various topics related to promotion, prevention and health inequalities, it is argued that it could be useful for EC services to make it possible for EuroHealthNet to optimise the use of their expertise in this field (coordination, dissemination, stakeholder management). E.g. this role is currently not possible in the framework of Joint Actions, while this could be very relevant for all parties involved.

### 5.1.9. **Partnership supporting tools**

At the EuroHealthNet GCM 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.

The video [EuroHealthNet's Workplace Gender, Equality & Diversity Policy helps create more inclusive workplaces](#) released in September 2023, got 420 views until 15 October 2024.

On 6 February 2024, EuroHealthNet held a [members-only capacity-building workshop](#) on developing and implementing a gender, equity and diversity strategy, gathering 39 participants

from 22 member organisations. The workshop drew on EuroHealthNet's Workplace Gender, Equality and Diversity Policy, as well as best practices, strategies, tools and recent research insights from members that promote inclusion and diversity. Participants learned about insights and a relevant methodology from a EuroHealthNet staff training on equity, diversity, and inclusion that took place in the beginning of January 2024. Various examples were presented by members, which are accessible on the EuroHealthNet website, as well as a series of relevant resources. The evaluation forms (13 completed) show a positive result, with an overall average score of 4,3/5 whereby the lowest average score (3,92/5) on application of knowledge and information in the daily work of participants.

**Most of the interactions in the network take currently place through the Brussels' Office (hub structure).** When thinking about EuroHealthNet it is for many interviewees, first of all the Office that comes to mind, and secondly EuroHealthNet as a partnership. This result is confirmed in the various rounds of interviews since 2022. Yet, for a few interviewees EuroHealthNet is first and foremost a network and/or partnership, which results from their specific involvement in typical network activities, like the TWIGs, and less in overall EuroHealthNet activities and events, showcasing a broader picture, including advocacy and the results of this. The functioning of the Platforms adds to this perspective of EuroHealthNet being a network and/or partnership. Interviewees explain that they have contacts with other members outside of EuroHealthNet in the framework of e.g. projects. Members do appreciate the knowledge that the Office has in relation to expertise available in member organisations, which is useful when looking for connections.

The number of requests for bilateral support is increasing, whereby striking a balance between meeting these demands and the available capacity in the Office is key. During the staff Outcome Harvesting Workshop it was explained that the added value of the requests needs to be assessed as too many demands will have an impact on staff resources.

#### **5.1.10. Funding**

The income mix of EuroHealthNet is mainly composed of EC funding through the ESF+ programme, membership fees and projects. For 2024, this leads to the following breakdown:

- 46% programme funding (ESF+ core Operating Grant 2022-2025) (45% in 2023, 53,5% in 2022).
- 41% project funding (42% in 2023, 27,5% in 2022).
- 13% membership fees (13% in 2023, 19% in 2022).

This means that **about 87% of the funding is coming from programme/ project funding and thereby restricted** (compared to 87% in 2023 and 81% in 2022), i.e. with terms and conditions about what the funds may or may not be used for. While 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, they are to a large extent used to co-finance programme and project funding.

A second indicator to assess the funding mix is **continuity**. Most of the projects last for at least two years; for the programme funding an annual proposal needs to be submitted. However, over the years, EuroHealthNet has built a stable relationship with EC services, and they are also increasingly seen as key actors when it comes to addressing the determinants of health and reducing inequalities, preventing disease and promoting good health by looking within and beyond the health care system.

In the period 2022-2024 a shift towards a growing share of project funds and a decrease in programme funds can be identified. In terms of forward thinking, there is little essential difference

in programme funds and project funds in this case, as projects cover several years, and programme funds require an annual work plan to be submitted. However, project funds cannot usually be used to cover core operational costs (training staff, technical resources, etc.). Maintaining good relationships with funders, and investing in effective project management, among other things, are important to continue coping with these financial challenges.

## 6.2. 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 2024 is available, covering a wide EU policy agenda allowing all members to engage (including via the projects in which EuroHealthNet is involved) and demonstrating at the same time the link between the various themes of the core and project funding. 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 2024
<b>Contribute to the implementation of the EPSR principles and related initiatives at EU, national and local levels, and through concrete and direct support for the promotion of social rights and health equity in the European Semester process, including through the Recovery and Resilience Plans and achieve an Economy of Wellbeing</b>	
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 Develop and publish 3-5 further EPSR Flashcards
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: <ul style="list-style-type: none"> <li>• contribution to at least 8 EU policy consultations and statements,</li> <li>• participation in at least 50 strategic meetings, including EC dialogues.</li> </ul>
Informed national, regional, and local policy makers and professionals on EU policies and funding and prepared to act.	2.5 Policy Briefings, Fact sheets and Policy Précis, Guiding implementation at (sub)national and local levels: <ul style="list-style-type: none"> <li>• 4 ad-hoc Policy Briefings,</li> <li>• 2 Policy Précis and/or Factsheets</li> </ul>



ESF+ work programme objectives	ESF+ work programme activities 2024
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.	2.6 Reinforce cooperation and build networks with key social and health actors to expand reach and influence: <ul style="list-style-type: none"> <li>• 2 WHO RC statements,</li> <li>• explore statement with IANPHI</li> </ul>

In aiming to achieve its objectives, more in particular in relation to policy development, cooperation with external stakeholders is important for EuroHealthNet amongst others to strengthen its own voice. For the 2024 evaluation, four **external stakeholders** were interviewed who provided their view on why they connect with EuroHealthNet:

- Focus of EuroHealthNet on prevention and promotion aligns with the organisation's own agenda.
- Partnering with an organisation that has visibility, that offers a network, high-level contacts, and expertise in prevention and promotion.
- Messages of EuroHealthNet are high-level but accessible, avoiding overly technical or policy-heavy language, suitable for a wide range of (policy) actors.
- Policy dialogues are organised through seminars and events, e.g. Schools4Health seminar in January 2024).
- Contributions to the European Semester by EuroHealthNet.
- EuroHealthNet's work avoids silo thinking in EU policy areas (e.g., long-term care at DG EMPL, public health at DG SANTE, climate impact at DG CLIMA), which often forces the midfield to narrow its own field of action.
- While in the past, some messages were conceived to be rather vague and/or “overly socially desirable”, the last years according to external stakeholders interviewed found that the message became sharper.
- (also) External stakeholders are interested in the implementation of the Wellbeing Economy in practice (“*what are the parameters?*”).

During the interviews with stakeholders, they mentioned that EuroHealthNet could in some cases be more provocative, dissident and louder and not to forget to include the ‘non usual suspects’: “*EuroHealthNet should avoid preaching to the own choir*”. The expertise and knowledge within the network are convincing enough to reach out to audiences with dissenting opinions.

Furthermore, for reinforcing the voice of public health, strengthening cooperation with other EU-level networks was suggested (e.g. [EUPHA](#), [ASPHER](#), [EPHA](#)) bringing together civil society, public health institutions, research institutions and training actors, to strengthen the voice of public health, that could possible even lead to a **public health platform**.

### **6.2.1. Awareness raising of EU-level and international policy frameworks and instruments**

EuroHealthNet provides monitoring and analysis of relevant policies for its members and the wider health community, in line with the “[health in all policies](#)” approach, through its Policy Platform.

In 2024 activities were developed and implemented to support the implementation of EU-level and international policy frameworks and instruments, 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 WHO European Programme of Work (2020-2025) and its flagship initiatives (e.g., the Pan-European Mental Health Coalition, Behavioural and Cultural Insights flagship).

The **EU-level information provided by EuroHealthNet** to its membership is assessed as **very relevant**, especially the information on financial instruments. Face-to-face meetings with opportunities to ask questions and to meet potential partners are preferred by interviewees. Yet on 25 October 2024 the Info and Matchmaking Day addressing members, took place online<sup>9</sup>. This info session focused on the [EU4Health programme](#), and included a mix of presentations, tips for developing applications and matchmaking discussions in breakout rooms. Providing support to members in accessing EU-level funds is highly valued, with some interviewees noting that EU funding is vital for them due to the significant limitations in national funding for health promotion. 35 participants joined the online event.

The [EuroHealthNet Policy and Strategy \(online\) meeting](#) (25 January 2024) gathered 37 members, associate members and observers mainly to discuss EuroHealthNet's [Priorities for the 2024-2029 EU policy landscape to improve health equity in Europe](#). This meeting was convened against the background of what the 2024 European elections mean for health, equity and wellbeing. Of this event a full [report](#) is available and was disseminated to the wider partnership.

The evaluation forms of the 2024 Policy and Strategy meeting (10 completed/37 participants excluding the EuroHealthNet staff) show that the event was very positively assessed by members (overall average assessment score of 4,4/5). The health priorities formulated by EuroHealthNet were published ahead of the European Parliament elections in June 2024, accompanied by a press release and were often cited (e.g. in POLITICO Pro Morning Health Care Europe on 13.11.2023), in particular the idea of having a 'Commissioner for Wellbeing' (POLITICO Pro Morning Health Care Europe on 08.12.2023).

In the past years EuroHealthNet organised a series of exchanges to push for a European [Wellbeing Economy](#). EuroHealthNet is also member of the [Wellbeing Economy Alliance](#). The findings were gathered in a [policy paper](#) published end of 2023, on how to achieve a Wellbeing Economy, amongst others using the European Semester process. Both the policy paper as well as the call of EuroHealthNet for a European Commission Vice-President for a Wellbeing Economy gained media coverage. The latter was also appreciated by external stakeholders interviewed in this evaluation round, especially since in the days before the announcement of the new Commission (on 17.09.2024) the health commissioner post was conceived as the 'poor cousin'<sup>10</sup>.

<sup>9</sup> In 2023 an Information and Matchmaking Day was organised on the TSI, an EU tool supporting Member States to carry out reform projects for which only public health authorities and Ministries can apply. It gathered less participants compared to the 2022 Matchmaking Day in which 79 people participated.

<sup>10</sup> See e.g. article in Politico of 13.09.2024: "[The job no one wants: EU health commissioner](#)"

In February 2024, EuroHealthNet was invited by EUHealthGov to talk about the health and the Wellbeing Economy in the EU's economic governance framework. A staff member from EuroHealthNet presented the policy paper.

In September 2024 another staff member spoke at an internal Social Platform webinar on Wellbeing Economy which was organised as the starting point for a Social Platform position paper on this topic

In October 2024 a Public Webinar: An Economy of Wellbeing for Inclusion was co-organised by EuroHealthNet and the European Platform for Rehabilitation (EPR).

In June 2024 a report was published by EuroHealthNet with its Irish member The Institute of Public Health in Ireland on Creating an impactful and sustainable Wellbeing Economy for better public health. While the report's specific aim is to inform the governments of Ireland and Northern-Ireland, it provides expertise and practical examples which are useful for policymakers across Europe. Positive feedback was given by other EuroHealthNet members on explaining complex issues in a concise and approachable way.

Yet, both members and external stakeholders see a role for EuroHealthNet to **make the work on the Wellbeing Economy more concrete**, e.g. which interventions work best in view of prevention and promotion and which approaches could be strengthened. It is argued that EuroHealthNet provided a conceptual framework and that it is well positioned to make the connection between the wider picture and local examples and to use the partnership of member organisations to realise this. However, also doubts were expressed (by external stakeholders and members) to what extent EuroHealthNet can take up this role: a lot has been written already and the expected contribution needs to be substantive. Furthermore, how to make the Wellbeing Economy more concrete in a setting of "if it is not measurable it does not exist".

*"Are we a trendsetter, an early adopter, an influencer, a surfer on emerging waves in relation to the Wellbeing Economy?"*

*EuroHealthNet 2024 staff Outcome Harvesting Workshop*

Also in this evaluation round, **interviewees confirm the great importance of the advocacy work done by EuroHealthNet to support systemic change**. Various supporting material was published in 2024 to inform members on relevant policy developments and to support members in their advocacy efforts.

In 2024, EuroHealthNet delivered four **members-only policy briefs** providing an expert analysis of relevant EU-level policies/interventions affecting health and its determinants. The aim is to help members to better understand what is at stake for them to contribute to the debate:

- January 2024: on the Belgian Presidency of the EU – public health aspects (sent with Network Intelligence newsletter).
- June 2024: policy briefing 'Creating an impactful and sustainable Wellbeing Economy for better public health, by EuroHealthNet and the Institute of Public Health (IPH) in Ireland. It was disseminated with a press release by EuroHealthNet and by IPH (sent with Network Intelligence newsletter).
- July 2024: on the Hungarian Presidency of the EU (sent with Network Intelligence newsletter).
- November 2024: on the EU institutional renewal and its implications for public health actors (sent with Network Intelligence newsletter).

Some interviewees made explicit reference to these policy briefs and valued their readability and high information content. The members-only Network Intelligence newsletters are very positively

assessed by interviews, whereby reference to specifics, like instruments and methodologies, is considered to be very important.

The **Policy Précis**<sup>11</sup> are assessed as **very useful outputs** helping to better understand the themes tackled and what the core issues are. The two Policy Précis planned for 2024 were:

- A [Policy Précis on 'Social participation and citizen engagement'](#) on key principles for an equitable and meaningful social participation in decision-making processes for health and beyond (published in October 2024).
- A Policy Précis on ['Understanding ultra-processed food and how to limit its intake'](#) (published in January 2025).

In 2024, four more new **European Pillar of Social Rights Flashcards**<sup>12</sup> were added (on Principles 2, 8, 16 and 20), resulting in a total of ten on the following EPSR principles:

- Principle 1: [Education, training and life-long learning](#) (2023)
- **Principle 2:** [Gender equality](#) (2024)
- **Principle 8:** [Social dialogue and involvement of workers](#) (2024)
- Principle 9: [Work-life balance](#) (2022)
- Principle 10: [Healthy, safe and well-adapted work environment and data protection](#) (2023).
- Principle 11: [Childcare and child services](#) (2022)
- Principle 14: [Minimum income](#) (2023).
- **Principle 16:** [Healthcare](#) (2024)
- Principle 18: [Long-term care](#) (2022)
- **Principle 20:** [Access to essential services](#) (2024)

The EPSR Flashcard Tool as an interactive resource to demonstrate the relevance of the EPSR for public health is considered to be a relevant instrument for members and beyond to support public health professionals and decision-makers translate the principles of the EPSR into concrete actions. The Flashcards help to raise awareness on social determinants of health and improve understanding that many aspects of society have an impact on health. Furthermore, the Flashcards also feature practice examples from EuroHealthNet members. Other organisations hyperlink to the Flashcards (e.g. [AGE Platform](#)), demonstrating that the tool is also appreciated beyond the EuroHealthNet partnership.

During the staff Outcome Harvesting workshop it was expressed that it would be useful to further analyse available data on who is consulting the Flashcards and to further disseminate the tool. Currently, the Flashcards are presented in events and through the work of EuroHealthNet on the European Semester.

Yet, through the EuroHealthNet Communications Network it became clear that the English language formed a barrier for usage within the member organisations and beyond. In April 2023 it was decided to add the machine-translation feature to the Flashcard tool website (the number of page views per 04.11.2024 was 1.672- and 117-page views on translated pages).

In 2024, **EuroHealthNet participated in 101 meetings and events**, as a speaker (51 meetings or in 50% of the meetings and events, compared to 34% in 2023), as a chair (3 meetings), or as

<sup>11</sup> Policy Précis' give an overview of the situation related to a specific theme as well as the pathways to act. This is a tool to 'translate' EU-level policies/frameworks to the level of practices of members.

<sup>12</sup> 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

participant (53 meetings)<sup>13</sup>. The percentage of meetings and events in which EuroHealthNet participated as a speaker, chair or moderator was higher compared to the previous year. A key aspect of the policy work of EuroHealthNet is the engagement with policy makers and decision makers, which is done amongst others through participation in (high-level) meetings. Various meetings were organised with **EU officials, other EU stakeholders and decision-makers**, amongst others in the framework of the Belgian presidency of the Council of the EU. Furthermore, various **(joint) statements, position papers and policy papers were published** in 2024 related to themes and principles of EU-level frameworks and instruments.

Examples:

- In January 2024, the [EU4Health Civil Society Alliance](#), of which EuroHealthNet is a member, has written [an open letter](#) to Belgian Prime Minister Alexander De Croo and Deputy Prime Minister and Minister of Health Frank Vandenbroucke ahead of the European Council meeting on 01.02.2024, (as public health was a clear priority of the Belgian Presidency) calling for them to reverse a [draft decision redeploying 1 billion euros from the EU4Health programme](#) (20% of the programme) to other EU policies in the current MFF. In May 2024, the EU4Health Civil Society Alliance re-iterated its concerns in a [joint statement](#).
- In May 2024: [Joint Open Letter to EU Leaders on the EU Strategic Agenda 2024-2029](#)
- In June 2024, EuroHealthNet, together with other 17 EU-level networks, endorsed a [joint statement](#) to urge national governments and the European Commission to ensure open and transparent reporting mechanisms for the European Care Strategy, for its effective monitoring and implementation.
- Also in June 2024, the [Alliance for Investing in Children](#), of which EuroHealthNet is a member published a [Joint Statement](#) urging to advance the European Child Guarantee. In the framework of the consortium meeting of the Schools4Health project (February 2024) Eurochild delivered a workshop to consortium partners about meaningful child participation. Furthermore, the EuroHealthNet Policy Manager made the closing remarks at the event of the European Competence Centre for Social Innovation on 'The European Child Guarantee: Progress and Future Directions at the Three-Year Mark' (September 2024). Earlier, in June 2024 EuroHealthNet staff met the national coordinators working on the European Child Guarantee.
- In July 2024: [EU4Health Civil Society Alliance Appeals to President von der Leyen to appoint a Vice-President for Health, Wellbeing and Social Rights](#)
- In October 2024, on World Mental Health Day 2024, EuroHealthNet joins 32 other European organisations in a joint call for substantive actions to shape a Europe where everyone's mental health thrives across their life course. In a [Joint Statement](#) drafted by the European Mental Health Advocacy Platform, the organisations ask EU institutions and Member States to step up for mental health in Europe by delivering on promises and honouring previous commitments.

<sup>13</sup> For some of the events, there was an overlap in roles, therefore the figures related to each role exceed the total number of events.

Interviewees explain that overall, they share information from EuroHealthNet with their colleagues, in different formats (formal and less formal) and to a various extent, depending on the internal procedures agreed.

## A. INVOLVEMENT OF MEMBERS IN POLICY DEVELOPMENT

Part of the policy work of EuroHealthNet is facilitating the dialogue between policy-makers and members. Several examples can be cited of how members have been directly involved in policy development:

- The **contribution of members to the EU policy consultations** to which EuroHealthNet responded.
- **Members as speakers in EU-level events**, e.g. the Finnish Federation for Social Affairs and Health (SOSTE) spoke at the [Public Webinar: An Economy of Wellbeing for Inclusion](#) in October 2024 co-organised by EuroHealthNet and the European Platform for Rehabilitation (EPR).
- **Organisation of events to which both members and representatives of EU-level institutions are invited.**

### Examples:

- In September 2024, the [Capacity-building study visit on 'Understanding EU decision-making for a meaningful engagement of public health actors'](#) to which a MEP was invited to exchange with members.
- In June 2024, the [Country Exchange Visit: Preventing Child Poverty to Reduce Health Inequalities](#) to which the Glasgow City Council and the Scottish Government were invited as speakers.
- In June 2024, the [EuroHealthNet Annual Seminar 2024: Navigating times of change for public health](#) to which the Director General for Public Health at the Dutch Ministry of Health, Welfare and Sports was invited as a speaker.

Some interviewees **express interest in more engagement with policy actors**, as was the case in the previous evaluation round. The EuroHealthNet Office organised in 2024 (2-3 September) a **capacity-building study visit** in Brussels for its members **to deepen their understanding of EU advocacy processes**. The event included a visit to the European Parliament, an informal exchange with MEP Mr. Andriukaitis, and discussions with representatives from other EU-level NGOs, like EUPHA, FEANTSA and the European Heart Network about keeping public health high on the EU political agenda. Part of the programme was the exploration of key-tools for influencing decision-making. The evaluation forms (7/14 participants) show a positive assessment of the event. Participating members explain that they gained more knowledge about EU-level processes, the structure and competencies of the various EU institutions. In addition to what was learned, participants also indicated what else they expected from the event, e.g., how does the EU manage the coordination between various health initiatives, given that many operate simultaneously and may overlap, and how can the voices of patient organizations be more effectively heard at the EU level?

In October 2024 a members-only webinar was organised to **share with members the latest policy intelligence**: what to expect from the designated European Commissioners, especially the Commissioner for Health? What are the relevant public health policy files? How to use this

information to further strategise the work? 14 members participated in this webinar, that received very positive assessment scores. Participants expressed further interest in scheduling similar meetings on a more regular basis and even recommended more concrete work, e.g. setting goals and dividing tasks for advocacy.

An interesting example are the ‘**policy chats**’ organised within the [FEAST2030 project](#) in which EuroHealthNet is one of the partners. The aim of these webinars is to provide a platform for views and topics that have been overlooked in the European food system policy debate yet could contribute to a transition towards a healthier and more sustainable future. These webinars were originally only addressing the project partners, however, given the positive response to these internal meetings, the team decided to open these webinars to the public, involving external speakers from academia, EU institutions, and other organizations focused on food system sustainability. The external FEAST2030 [policy chat webinar](#) on 26 March 2024 had 225 registrations.

The idea of ‘policy chats’ was already reported in the previous evaluation round and could be useful to implement in a broader EuroHealthNet framework to bring practice and research closer to policy.

### **6.2.2. Reinforcing cooperation and building networks with key actors**

As a result of its policy work, **more people reach out to EuroHealthNet** amongst others for cooperation and/or join initiatives or projects. 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 relation continues to evolve according to staff, whereby not only the Director is involved, but also other colleagues.

During the interviews **members were asked about their cooperation with the WHO** whereby a majority of interviewees confirm this collaboration or engagement, yet in different formats and levels, e.g. through the [Regions for Health network](#), the [Healthy Cities network](#), on investments for health and wellbeing, cooperating in jointly implemented programmes between the WHO and the member or participating in advisory panels. Specific areas of cooperation between the WHO and member organisations are active ageing, prevention, health inequalities, vaccination, NCDs, AMR, equal distribution (access, affordability, quality), investments for health wellbeing, mental health, road safety.

Members **encourage EuroHealthNet to continue its collaboration with the WHO**. However, they also acknowledged the potential risk of discrepancies between EuroHealthNet’s positions and those of its members, though no such conflict has arisen so far. Additionally, interviewees emphasized the importance of seeking opportunities for influence beyond the European Commission and the EU.

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](#)<sup>14</sup> and the [Coalition](#)

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<sup>14</sup> Bringing together over 20 European networks sharing a commitment to end child poverty and to promote child well-being across Europe.

[for Vaccination](#)<sup>15</sup>. EuroHealthNet is a partner in [CHAIN](#) (Centre for Global Health Inequalities Research) Global Health Inequalities project (2019-2025), bringing 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.

In 2024 EuroHealthNet joined the new [Digital Rights and Health Alliance](#) (6 members in total) which was formed to ensure policies governing the use of these technologies prioritise transparency, accountability, and fairness and that the interests of patients are at the forefront of decision-making. Also, in 2024 EuroHealthNet formally joined the Mental Health Advocacy Platform, led by Mental Health Europe. The EuroHealthNet Director is Commissioner of the Lancet European Health Union Commission, and part of the [Advisory Committee of the European Health Forum Gastein](#).

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. SEEHN is a political and institutional forum set up by the governments of nine Southern European countries<sup>16</sup> and aims to promote peace, reconciliation and health in the region.

EuroHealthNet also participates in the ‘[Health](#)’ group of the [European Institute of Innovation and Technology](#) (a body of the EU) and of the [eHealth Stakeholder Group](#) of the European Commission, is [an accredited observer of the United Nations Framework Convention on Climate Change \(UNFCCC\)](#), and cooperates with the [International Association of National Public Health Institutes](#) (IANPHI).

### **6.2.3. Contribute evidence to policy development**

Contributing to addressing **policy and implementation gaps** at national level is a difficult topic for interviewees. Various issues are raised:

- The work on health promotion needs to be stressed, e.g. in order to avoid the further development of chronic diseases and non-communicable diseases.
- There is the potential to use work on health inequalities and social determinants of health in policies at regional/national level. There would be scope to do more of this and to use proactively knowledge resulting from EuroHealthNet.
- Showing successful implementations in other countries helps to advance issues domestically, especially when internal resistance exists. Participation in EU-level health promotion projects allows countries to gain knowledge that can be applied to national strategies.
- Issues like mental health can gain higher priority at the EU level when persistently pushed, highlighting the power of sustained advocacy.
- Despite policies being in place for health issues, there is insufficient cooperation between sectors like education, healthcare, and social services. This hinders holistic approaches.
- Some interviewees report a lack of national funding for health promotion, emphasizing the need to identify and adopt best practices from the EU and other countries.
- Political pressures, such as austerity measures, will likely necessitate stronger cooperation and coalition-building at both national and transnational levels.

<sup>15</sup> 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.

<sup>16</sup> Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the Former Yugoslav Republic of Macedonia.



- Data and insights from EuroHealthNet projects can be used to build cases at the national level, particularly to demonstrate the costs of not investing in preventive measures.
- Interviewees give some suggestions for the role EuroHealthNet could take up:
  - EuroHealthNet can help by sharing examples of successful implementations from other countries, facilitating cross-national learning and collaboration.
  - EuroHealthNet could co-organise national events on health promotion, inviting government officials to facilitate dialogue and raise awareness.
  - EuroHealthNet could assist member countries lacking a public health plan in developing one, providing guidance and expertise.

During the interviews, **policy and implementation gaps were commented on:** e.g. the inadequate integration of health policies with social determinants of health (focus on medical care rather than addressing the broader social, economic and environmental factors that contribute to health disparities), limited collaboration between policy areas (e.g. between housing and health policies leading to poor living conditions intensifying health issues), social programmes addressing social determinants of health such as affordable housing often face chronic underfunding, health policies often lack robust data collection systems to monitor inequalities and monitoring progress in reducing them, policies focusing on short-term interventions or individual behaviour rather than addressing structural inequalities or system failures, lack of long-term political commitment, healthcare systems failing to ensure universal access to healthcare, development of health policies without adequate input from communities most affected by health inequalities.

EuroHealthNet is also feeding evidence to policy development by [responding to policy consultations](#), as happened also in the past year (see [Annex 5](#) for a full overview). Furthermore, in the course of 2024, EuroHealthNet participated in several high-level policy events.

Examples of high-level policy events in which EuroHealthNet participated in 2024:

- January 2024: [Conference on Mental Health and Work](#), organised by the Belgian Presidency of the Council of the EU.
- March 2024: [Open Food Conference](#) organised by the Belgian Presidency of the Council of the European Union. EuroHealthNet spoke at a session on mapping current food environments to get insights into food swaps, deserts and oasis, introducing the FEAST project which aims to make delicious, healthy and sustainable diets available to all.
- March 2024: [High-level Conference on the Future EU Health Union](#) organised by the Belgian Presidency of the Council of European Union.
- April 2024: A scientific symposium on '[Experiences and perspectives on front-of-pack nutrition labelling systems](#)', organised by the Belgian Presidency of the Council of the European Union. EuroHealthNet spoke at a roundtable that focused particularly on the Nutri-Score label, joining speakers from the European Commission and OECD, among others\*.

*\*In the context of food labelling, the Director of EuroHealthNet was quoted in an article of POLITICO Pro Morning Health Care Europe (24.04.2024).*

Examples of high-level policy events in which EuroHealthNet participated in 2024:

- June 2024: [WHO European Forum on Commercial Determinants of NCDs](#), where EuroHealthNet participated as panelist.
- September 2024: [Health literacy for people and planet](#) – 2nd Global Health Literacy Summit.
- September 2024: [European Health Forum Gastein 2024](#), during which EuroHealthNet was involved in two sessions, one on [An unhealthy profit – tackling obstacles to achieving the NCD targets](#), and one on [Europe’s unhealthy and unjust food systems](#).

**Communication channels** by definition also play a major role in EuroHealthNet’s advocacy work (see paragraph 6.5.), one example of which is online platforms, like POLITICO Pro Morning Health Care Europe mentioning in September EuroHealthNet’s questions that MEPs could ask the designed Commissioner for Health.

### **Uptake of messages**

As was the case in the Outcome Harvesting Workshop with EuroHealthNet staff in 2023, in this year’s Workshop, the issue of policy influencing, and impact was raised again. Policy change is a complex, long-term process and policy impact is shaped by resource constraints, decision-making powers, competition, political settings, policy cycles, etc. While it is challenging to assess the specific impact of EuroHealthNet’s activities on changes in policies and practices, a clear outcome is the expansion of the sphere of influence of EuroHealthNet, including a growing number of (strategic) partners for collaboration in achieving its mission and strategic goals.

During the interviews, members were asked to **what extent EuroHealthNet did influence their organisation or the wider partnership to take up more innovative approaches** to health promotion and health equity (e.g., using ‘Wellbeing Economy approaches). The answer to this question varies among its members. For some, EuroHealthNet has a license for innovation, and is on the verge of picking up new ideas and trying to develop activities around these. This is for them, amongst others, the case through the projects that feed the network with innovation. Furthermore, some interviewees argue that EuroHealthNet should focus on innovation in the promotion of health inequalities and highlighting innovative initiatives taken in this area.

‘**Co-creation**’ is mentioned as an approach that is used within EuroHealthNet but not very much highlighted, yet to be used as an inspiration source, e.g. through the work in the TWIGs, by advocating for developing strategies for tackling health inequalities by including various key stakeholders. By engaging a wide range of stakeholders in the design, implementation, and evaluation of public health interventions, EuroHealthNet helps ensure that these initiatives are more equitable, effective, and sustainable. This approach not only strengthens public health systems but also empowers communities and fosters partnerships across sectors. Some expect EuroHealthNet to be more focused on innovation as (many) research institutes are involved in the network, that can contribute to providing solutions.

For others, the innovative approaches proposed by EuroHealthNet are still seen as somewhat abstract. To them, EuroHealthNet functions more as a facilitator than as a direct driver of innovation. Others believe that EuroHealthNet doesn’t need to be at the forefront of innovation but should focus on making innovative ideas more tangible. Several interviewees point to the Wellbeing Economy as an example, suggesting that EuroHealthNet could take a (leading) role in connecting economic policies with public health, from the perspective of a network of public health organisations.

It is argued that there is a danger for the public health community to contemplate “*we are doing ok*”, yet it is considered necessary to push the agenda a bit further. “*Investments in health will pay off, but that will need a longer-term perspective*”. In the meantime, investments in health promotion and prevention need to be kept on the agenda.

### 6.3. 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’. Moreover, through this Platform, members are supported 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 2024
<b>Strengthen the capacity, competency and knowledge of national and local member organisations and facilitate the collection and exchange of good practices and enable members to actively contribute to the implementation of the EPSR principles and related initiatives at EU.</b>	
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: <ul style="list-style-type: none"> <li>• Update eGuide on finance and maintain helpdesk</li> <li>• Info day and matchmaking session for members on Horizon + Report</li> <li>• Continue to engage with the EIB, the Council of Europe Development Bank, and others to continue collecting examples of innovative financing</li> </ul>
	3.7 2024 Application submitted to TSI
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: <ul style="list-style-type: none"> <li>• At least 8 issues of "Network Intelligence"</li> </ul>
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: <ul style="list-style-type: none"> <li>• Capacity Building Workshop on 'Understanding EU' in Brussels</li> </ul>
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: <ul style="list-style-type: none"> <li>• Expand directory of NFPs for members and organise by EU/WHO</li> <li>• Dialogue between NFPs from multiple countries, EuroHealthNet members in a member state + final report (possible topic:</li> </ul>

ESF+ work programme objectives	ESF+ work programme activities 2024
	healthy ageing and national coordinators on long-term care from several countries)
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 2 Country Exchange Visits (CEV) to ensure exchange and uptake of best practices across countries, regions and sectors.

Members and external stakeholders appreciate the work of EuroHealthNet, amongst others because it is **grounded in evidence**, (see e.g. introductory section of paragraph 6.2.) delivered mainly through this Platform. There are no specific activities (yet) for members of this Platform, though through the TWIGs and the CEVs members have the opportunity to interact with each other.

### **Information on EU funding opportunities**

To support the research and public health community making better use of resources available at EU level, EuroHealthNet developed and published in 2023 an online **targeted guide of National Focal Points for the main EU programmes and networks relevant to health**. This guide aims to improve accessibility for public health authorities by providing expert support tailored to their specific national contexts. Through this initiative, EuroHealthNet seeks to centralize existing databases, compiling publicly accessible information on national contact points across both EU programmes and networks. In the few months after publication (29.09.2023), 527 views are counted<sup>17</sup>; in 2024 until 18.10.2024, 223 views were added.

### **Country Exchange Visits**

In 2024 two Country Exchange Visits (CEV) (member-only events) are on the EuroHealthNet agenda:

- On **Preventing Child Poverty to reduce Health Inequalities** (Glasgow, Scotland, 19-20 June 2024), hosted by the EuroHealthNet member **Public Health Scotland**. Bringing together 19 participants (including 11 participants from 10 member organisation other than the host), this CEV provided a platform to: (1) explore the key challenges in addressing and reducing child poverty and its related health inequalities, (2) share best practices for tackling child poverty, (3) examine Scotland's innovative approach to combating child poverty through intersectoral collaboration, and (4) strategize on how to create an environment that supports addressing child poverty through collective efforts.
- On **Curbing the consumption of tobacco and nicotine-based products in Europe: what works?** (Budapest, Hungary, 20-21 November 2024). This CEV, hosted by EuroHealthNet member the **National Centre for Public Health and Pharmacy**, provides a platform for representatives of national and regional public health agencies from across the EU to: (1) gain insights into the current trends in cigarette use and new smoking products, (2) examine existing strategies and interventions aimed at reducing the uptake of smoking products, (3) explore how the sustainability agenda can help drive progress on public health issues related to tobacco and nicotine production, (4) identify disincentives for future generations of consumers, and (5)

<sup>17</sup> The languages that the website has been translated into are French, Portuguese, Italian, Polish, German, Bulgarian, Spanish, Finnish, Serbian (with the highest clicks for the English language version).

explore opportunities for collaboration among public health agencies across the EU. At the time of drafting this evaluation report, 20 participants are registered (11 from 10 member organisations, other than the host).

In 2024, (again) many interviewees regard the **CEVs as key activities of EuroHealthNet** and appreciation is also evidenced through the feedback received by the Office after the event. These events create valuable spaces for learning, collaboration, and showcasing expertise. The opportunity to host these exchanges at the local level, involving key partners invited by the host, as well as other EuroHealthNet members, is seen as a significant chance to share both individual knowledge and the expertise present within the network at a local level. Some interviewees noted that through CEVs, they connected with partners with whom they now collaborate on Joint Actions. The CEVs broaden participants' perspectives, offer new insights, and provide an opportunity for experience sharing. Interviewees from research institutions pointed out that relatively few researchers participate in the CEVs, suggesting that their involvement could add considerable value.

### **Bilateral support to members**

Overall, **the bilateral work with the members is positively assessed**. Depending on the position of the member organisation in the country, support from EuroHealthNet in policy work at national level is appreciated. Some interviewees anticipate an increase in requests from members seeking support from the EuroHealthNet Office in influencing and/or developing local, regional and national policies. Furthermore, interviewees also express that there might be more requests for support by members in bringing them into contact with other members or stakeholders, e.g. in relation to experiencing in implementing new approaches in practice like Wellbeing Economy or by organising activities (see also paragraph 6.2.3.).

#### Example:

As a follow-up of the CEV hosted by the member Santé publique France (SpF) in June 2023 on Reducing alcohol consumption: policy and practice, a large-scale event will be organised in Brussels by SpF in December 2024 with the support of EuroHealthNet Office (for the first time that such an initiative is taken).

### **Thematic Working Groups**

Thematic Working Groups (TWIGs) offer a Platform for EuroHealthNet Members, Associate Members, and external affiliated partners to collaborate, exchange ideas, and develop strategies while enhancing their skills. These working structures are member-led (members determine the topic, set agendas, chair meetings, and take the lead in collectively agreed-upon activities), they help in staying informed, pooling knowledge, and provide support in building common positions. The Office provides coordination, technical support, input, and takes relevant action at the EU level. Also in this 2024 evaluation round, the TWIGs are considered as key tools of EuroHealthNet to produce results; *“TWIGs are the places where the real work is happening, and synergies are shaped”*. Interviewees make a plea to involve practitioners in the TWIGs beside policy actors and researchers.

**Table 5: Overview of TWIGs in 2024**

Topics of the TWIG	Members involved	Activities and achievements in 2023
Best Practice Portals	9 members, led by NL and DE members	<p>The TWIG recently met at the European Public Health Conference (EPHC) in Dublin, where they delivered two workshops on “Best Practice Portals: what is needed for health promotion interventions?” and “Evaluating the effectiveness of health promotion and prevention”. The TWIG’s first scientific publication, <a href="#">“Health Promotion and Disease Prevention Registries in the E.U.: A cross country comparison”</a> was published in May 2023.</p> <p>The TWIG will have held four meetings this year. Two ‘small-group’ meetings (March, November) with a selection of members to discuss concrete topics (an abstract to the 2024 European Public Health Conference; interlinkages with the Joint Action Prevent NCDs). Two full-scale meetings (October, December) with all members to discuss priorities for working together going forward. A new member joined the TWIG. Furthermore, an application was submitted to the EPHC 2024 in Lisbon, where the original proposal was not accepted and the alternative offered (a shorter workshop) was not suitable for the highly interactive format proposed. Yet, the application submitted for the <a href="#">IUHPE Conference</a> in Lodz, Poland in June 2024 was successfully received. Two EuroHealthNet members and a staff member of the EuroHealthNet Office participated in this Conference.</p>
Social Marketing to Address Addictions	11 members and 10 non-members, led by FR and NL members	<p>The TWIG was in 2023 very much involved in the <a href="#">Country Exchange Visit in France</a>. Furthermore, a hybrid public event was held on <a href="#">Reducing the Burden of Alcohol: International Public Policy Challenges</a> during the 2023 French Public Health Meetings.</p> <p>As a follow-up of the CEV in Paris in June 2023 on “reducing alcohol consumption”, the “Social Marketing to Address Addictions” TWIG developed a policy brief on alcohol control policies in EU states, accompanied by a members survey, which lead to a workshop at the 2024 French Prevention Days as well as to Santé publique France organising an <a href="#">‘International Scientific Symposium – Reducing the burden of alcohol’</a> on 3rd of December 2024 in Brussels with EuroHealthNet’s support.</p> <p>Several SOMAD TWIG members participated in the CEV on <a href="#">‘Curbing the consumption of tobacco and nicotine-based products in Europe: What works?’</a> on 20-21 November 2024 in Budapest and it is</p>

Topics of the TWIG	Members involved	Activities and achievements in 2023
		likely, that the TWIG will follow-up on the CEV with some activities in 2025.  One new member joined the TWIG in 2024.
Healthy Living Environments	11 members, led by IT and DE members	Multiple TWIG Members actively participate in the new Joint Action on Cancer and NCDs (JAPreventNCD). Currently, the main emphasis is on establishing coordinated initiatives between the Joint Action and TWIG, particularly emphasizing place-based approaches and addressing health inequalities. Looking ahead, TWIG members are intending to collaborate on various articles, including contributions to the EuroHealthNet magazine and academic publications.  Four new members joined the TWIG.
Mental Health (launched in 2023)	9 members, led by NL member	Launched in mid-2023, the TWIG dedicated to preventing mental ill-health and promoting mental wellbeing seeks to cultivate ongoing international collaboration among public health institutions and professionals. The TWIG serves as a central information hub, highlighting opportunities related to promoting mental health and preventing issues across Europe and sharing opportunities among its members.  Five new members joined the TWIG. In 2024, the group has invited the OECD's WISE Centre to learn more about their efforts on Wellbeing measurement (28.10.2024) and is currently exploring joint funding opportunities for projects on the topic under EuroHealthNet leadership. A scientific review of mental health in employment policies is currently being finalised as a joint effort by EuroHealthNet, and Dutch, Slovenian, and Finnish members of the TWIG; preliminary evidence of which has already been shared with DG EMPL on their own request

27 members were involved in one or more Thematic Working Groups (TWIGs)<sup>18</sup> in 2024 (6 more compared to the previous year). A fifth TWIG, on sustainable, health promoting health systems (linking social prescribing, planetary health and caring communities) was proposed during 2023 in Oslo, however, members did not pursue this idea. However, resulting from the Capacity Building study visit in September 2024, two members showed interest in exchanging more on social participation and are currently exploring whether the creation of a new TWIG would be feasible or whether the idea could be integrated into the existing TWIG on Healthy Living Environments.

<sup>18</sup> TWIG on Best Practice Portals, on Social Marketing to address addictions, on Healthy Living Environments and on Mental Health (the latter was launched mid-2023).

EuroHealthNet staff explains that TWIGs are leading to invitations to external events, like to [JOGG](#) (Jongeren op Gezond Gewicht) event in 2023 and to new projects (e.g. [Joint Action on prevention of NCDs](#)). Furthermore, positive feedback is received by the Office from participants of TWIGs that are not EuroHealthNet members.

No enquiries were submitted by members to the EuroHealthNet European Structural and Investment Funding (ESIF<sup>19</sup>) Support Desk, as was the case in 2022 and 2023, partly due to the fact that many members are now taking part in a well-resourced Joint Action PreventNCDs worth 97 million euros. Yet, there was an inquiry from the RESONATE project about the Invest4Health work. The project consulted the [EuroHealthNet's Guide for Financing Health Promoting Services](#) and found it useful. In 2024 further material was added to this Guide.

### **Case of the Schools4Health project**

The Schools4Health project has led to meetings with high-level officials (e.g. Ministry of Health and Education in Romania), with DG EAC officials and to new contacts at country-level.

#### **European Commission**

##### **Directorate General for Health and Food Safety (DG SANTE)**

- EU Beating Cancer Plan – the European Commission and Schools4Health developed a [project factsheet and video](#), as one of the projects supporting the prevention pillar of Europe's Beating Cancer Plan. EuroHealthNet was also invited to present Schools4Health during the exhibition space of the [European Commission World Cancer Day event](#) on 31 January 2024.
- As part of the European Seminar, EuroHealthNet invited the Acting Director for Public Health Cancer and Health Security Directorate, to present the [key EU health policies](#) which can support the implementation of the health promoting school approach.

##### **Directorate General for Education, Sport, Culture and Youth (DG EAC)**

- As part of the European Seminar, EuroHealthNet invited the Policy Officer on school education, equity and wellbeing, to present the [key EU education policies](#) which can support the implementation of the health promoting school approach. EuroHealthNet and GHEC additionally met with the representatives from the DG EAC Unit B.2 Schools and Multilingualism unit in March 2024 to present Schools4Health. The Policy Officer of DG EAC also participated in the first training visit on 13 March, which focused on the important policies and practices to mobilise health promoting school approaches, providing her perspective on how EU instruments such as Erasmus+ can support school settings in embedding wellbeing.
- EuroHealthNet also closely collaborated with the European Commission's new expert group on enhancing supportive learning environments for vulnerable learners and for promoting wellbeing and mental health at school, presenting Schools4Health at one of the expert meetings. Following the publication of the [expert group's guidelines on wellbeing in schools](#), EuroHealthNet will work with DG EAC to find ways to support the implementation of recommendations through the project.

##### **Directorate General for Agriculture and Development (DG AGRI)**

- As part of the European Seminar, EuroHealthNet invited the Deputy Head of Unit, Directorate General for Agriculture and Rural Development to present the [EU School Fruit Vegetables and Milk Scheme](#), as an important instrument that can foster the necessary collaboration towards healthier food environments and wellbeing in schools. This was met by increasing interest from project partners

<sup>19</sup> ESI Funds allow investments in employment, a sustainable and healthy economy and the environment. There are four ESI Funds: the European Regional Development Fund (social and economic development of regions and cities), the Cohesion Fund (investments in environment and transport in less prosperous Member States), the European Social Fund+ (promoting employment aiming to achieve equitable and inclusive societies in EU Member States) and Just Transition Fund (supporting regions most affected by the transition towards climate neutrality).



implementing the healthy nutrition best practices, in efforts to embed sustainability in their implementation efforts. To this end, DG AGRI also participated in the first training visit on 13 March, where the European Commission representative went into the specifics of the funding instrument.

#### **Belgian Presidency of the Council of the EU**

Under the Belgian presidency, the Schools4Health project was profiled as an important example of why investments in health within and around educational settings are essential to set children and youth up for lifelong health. To this end:

- The European Seminar was organised under the auspices of the Belgian Presidency of the Council of the EU, aligning with the Presidency's priority on 'reinforcing the social and health agenda', through instruments such as the [European Pillar of Social Rights](#). The seminar also received an endorsement from Hon. Minister Hilde Crevits – Vice-Minister-President of the Government of Flanders, Flemish Minister for Welfare, Public Health and Family in her [video statement](#).

#### **WHO/Europe**

The Schools4Health project has also been working closely with WHO/Europe, in view of their expertise on health promoting school approaches, and the forthcoming EU Strategy for child and adolescent health. Important milestones of this collaboration was the participation of the Team lead, Quality of Care, WHO regional office for Europe as a guest speaker for the [European Seminar](#), and the participation of EuroHealthNet at the [WHO/Europe Innovation Ecosystem for Public Health](#) in March 2024, where Schools4Health was mentioned as an important example of innovation, in finding new ways of working together to build healthy foundations in school settings.

Schools4Health and messages around the importance of adopting health promoting school approaches were also featured in the following EU policy consultations, materials and EuroHealthNet capacity-building activities:

- [European Commission consultation on the European Education Area \(EEA\)](#)
- [EU4Health consultation on 2025 work programme priorities](#)
- [European Commission consultation on the EU Youth Strategy](#)
- EuroHealthNet's flashcard on [European Pillar of Social Rights Principle 1, Education, training and life-long learning](#), which featured Schools4Health as a promising initiative that can help advance this social principle.
- During EuroHealthNet's Country Exchange Visit on preventing [Child Poverty to Reduce Health Inequalities](#) organised for its membership, Schools4Health was noted as a key initiative to advance children's health.

Beyond the partnership, the Schools4Health project also closely collaborated with the Spanish Ministries of Health and Education, who collaboratively produced and culturally adapted the health promoting school approach into a comprehensive guide for schools. This cross-Ministerial collaboration between health and education was showcased as an [inspirational example](#) during the European Seminar.

In October 2024 EuroHealthNet met with the Romanian Minister of Health and the Romanian State Secretary of Education. The Schools4Health project was introduced to them, and what is specifically being done in Romania to introduce HPS approaches in schools, through best practices around physical activity and mental health as key entry points.

## **6.4. 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 6](#).

**Table 6: 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 2024
<b>Monitor and assess the impact of evidence-informed policies and practices at EU, national, and local levels which serve to implement the EPSR principles and related initiatives; contribute to the collective knowledge base of and data collection poverty reduction, social exclusion and health inequalities; and promote Economies of Wellbeing</b>	
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: <ul style="list-style-type: none"> <li>• Abstract of EuroHealthNet 2024 EPHC Plenary Lisbon</li> <li>• Participation in EPHC 2024 (12.-15.11.2024, Lisbon)</li> <li>• Organise and participate in events at European Health Forum Gastein, 24-27.9.2024</li> <li>• At least one online meeting of Research Associate members</li> </ul>
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: <ul style="list-style-type: none"> <li>• Research design paper on the state of health inequalities in the EU (in collaboration with CHAIN)</li> </ul>
Ensure widespread knowledge base on Health Inequalities in Europe.	4.3 Updating Health Inequalities Portal with the latest research and information: <ul style="list-style-type: none"> <li>• Updated Health-Inequalities Portal (50 new entries)</li> <li>• Tracking research and incorporating learnings from proposals</li> </ul>

EuroHealthNet's Research Platform identifies and promotes evidence-based approaches to health, equity, and wellbeing. It is seen as one of the driving forces behind the organisation's growth in recent years—in terms of community, projects, visibility, and potential impact. The Platform has significantly contributed to building a reputation for impartial, evidence-based policy recommendations. It enhances EuroHealthNet's legitimacy with EU-level and international stakeholders and plays a central role in the organization's evidence-based, non-political advocacy efforts.

Interviewees consider the involvement of research organisations as vital, as researchers possess knowledge not only about innovation but also about on-the-ground technical realities. Bridging the gap between policy and research is essential for effective programming and making progress. As one interviewee noted, "You may have an important research project, but if we don't manage to apply the knowledge at the grassroots level, it isn't a real success." Another emphasised that "exchange shouldn't be limited to high-level discussions."

The ongoing expansion of the Research Platform is seen as a valuable asset for contributing to the policy development cycle, by providing evidence to inform interventions and decision-making before measures are implemented.

In May 2024, EuroHealthNet organised a second online meeting for the **Research Platform Associate Members**, for which a report was made available. The meeting offered participants the chance to share experiences and discuss scientific approaches and cutting-edge research, network with fellow European researchers, gain insights into the EU health policy and research agenda, and learn about opportunities provided by EuroHealthNet. A total of 11 research associate member organisations participated (up from 9 in the first online meeting in 2023). Members were able to present their current and upcoming priorities, identifying common areas of interest such as migrant health, children’s health outcomes, health literacy, the impact of climate change on health, and the commercial determinants of health. Potential areas for future collaboration, including joint project proposals, were also identified. Seven participants completed an evaluation form, showing a very positive assessment, whereby the updates given by other participants on their work and interests were considered to be most relevant.

These opportunities for collaboration were confirmed during interviews, with several interviewees suggesting more exchanges between researchers outside the TWIGs. They proposed discussions on topics like theoretical models, the implementation of research results, methods for reaching vulnerable groups, the role of social work, and the cost-effectiveness of interventions. Interviewees also highlighted that the gathering of Research Associates creates additional opportunities for collaboration, such as placing PhD students.

In 2023 **EuroHealthNet developed a ‘how to’ guide on Health Equity Impact Assessments (HEIA)** for the partnership, with hands-on information on methodologies, resources, good practices and recommendations to ensure a successful implementation and uptake of Health Impact Assessments, ensuring health equity being a central component of the process. This guide exclusively addressing members, has been developed with the input from members and was published in the beginning of 2024, after feedback from members on the draft version. The guide was launched during a webinar in May 2024. This output is a relevant addition to the existing EuroHealthNet toolset to provide support for policy decisions by identifying possible and unintended impact of a policy or programme on the health of different groups in society.

The **Health Inequalities Portal** is managed by EuroHealthNet and is a leading repository of constantly updated scientific evidence, effective good practices and policy initiatives to improve health equity. Some interviewees mentioned that they discovered the Portal while preparing for the evaluation interview and suggested improving its visibility, a task the Office is already addressing. A minority of interviewees were already familiar with the Portal and praised it as an excellent resource, offering access to multiple databases and data sources that enable comparisons and provide a clearer understanding of the broader context.

All interviewees agreed that both members and the wider community need to be reminded about the Portal and its potential uses. One suggestion was to provide links to the EuroHealthNet Portal from existing national or regional portals

The various **projects** in which EuroHealthNet is currently involved in various roles ([Annex 2](#)) contribute mainly to the Research Platform as well as to other Platforms (see also paragraph 5.1.8.). These projects provide not only an opportunity to develop knowledge and expertise, yet also to collect, develop, implement and disseminate best practices.

## 6.5. Communication

The communication activities of EuroHealthNet are guided by an **annual Communication and Dissemination Strategy**, building on the SDP 2021-2026. In the ESF+ grant the communication goals are operationalised through the objectives and activities in [Table 7](#).

**Table 7: Objectives, activities and indicators related to EuroHealthNet internal and external communication**

ESF+ work programme objectives	ESF+ work programme activities 2024
<b>Organise communication and engagement activities to raise awareness of the EPSR, promote social rights in Europe, combat poverty, health, and social inequalities, and help address the green, digital, and demographic challenges in an equitable way; increase and improve dialogue between actors in Member States, citizens, and the European Institutions</b>	
Achieve high visibility and use of EuroHealthNet Outputs.	5.1 Annual Communications Strategy and Dissemination and ongoing editorial and promotional support (at least 6 news releases and public statements).
Press contacts and communication experts of EuroHealthNet Core and Associated Members and Observers.	5.2 EuroHealthNet Communications Network: <ul style="list-style-type: none"> <li>• 3 meetings</li> </ul>
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: <ul style="list-style-type: none"> <li>• new content of the website and even more diversity/ disability-friendly navigation</li> <li>• Active social media presence</li> </ul>
Increase awareness of the EPSR principles and the European Semester process in innovative and attractive ways	5.4 Audio-visual content: 2 videos and/or podcasts
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: 2 editions of the EuroHealthNet Magazine
Update all members, partners and external stakeholders on the latest relevant news for health equity and a stronger social Europe.	5.6 10 Health Highlights External Newsletters.

### **A. VISIBILITY AND RESULTING WORK**

Effective communication is pivotal to the success of any activity and the **importance of communication of EuroHealthNet's activities and results** is acknowledged by members and staff. Communication is considered to be a horizontal process in the organisation. communication is the tool that drives advocacy forward by conveying the message, building support, and influencing outcomes. Without effective communication, advocacy efforts would struggle to gain momentum and achieve the objectives. The Communication Network brings together press/media and communication professionals working in member organisations and has a (growing) mailing list reaching 63 communication professionals. The network 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. In 2024 three meetings were planned by this Network (the last one in December after finalising this evaluation report).

Staff reported that participation in the Network meetings is stable but could be increased; an in-person meeting could boost the engagement of participants. The expertise of the communication team of EuroHealthNet is increasingly recognised, evidenced by e.g. invitation to speak on communication during the [1<sup>st</sup> International Congress on Health Communication](#) in Barcelona (October 2024).

**Overall, the outreach of EuroHealthNet is increasing and media outlets are diversified as the following data show.**

## **B. COMMUNICATION DATA**

*[this section will be completed for the final version of the evaluation report]*

- The EuroHealthNet **Magazine** went from 6 (2021) to 9 articles per edition in 2024 (12 articles per edition in 2023). The Magazine helps to relate health promotion to a wider audience of experts and non-experts. Dissemination of the Magazine could be improved, yet there is a growth in readership. In the last edition (23), Frank Vandenbroucke (Belgian deputy prime minister and minister of social affairs and health) featured.
- The **Health Highlights Newsletters** are considered to be a very useful tool to disseminate information and to keep members informed, also about what other members are doing.
- The work of EuroHealthNet featured on platforms such as the [EU Health Policy Platform](#), [Politico](#) and [DODS](#). Politico contacted EuroHealthNet more frequently the last year, demonstrating the interaction of EuroHealthNet with the leading Brussels bubble media and the recognition of the expertise of EuroHealthNet.
- In the beginning of 2024 communication training was offered to the EuroHealthNet staff, which resulted in adaptation of the communication work. The ‘tone of voice’ for communicating messages has changed according to the staff, i.e. less academic, shorter and more concise headlines. Furthermore, the press releases reach a wider audience.
- In 2024, a renewed approach was applied to produce more selective press releases, resulting in 22 for the whole year (compared to 33 in 2023 and 27 in 2022).

### Articles published:

Furthermore during 2024, a number of articles was published in external magazines:

- April 2024, scientific article published in Health Policy<sup>20</sup>, resulting from a cooperation between various authors, including EuroHealthNet and some of its members on social prescribing: [A comparison of social prescribing approaches across twelve high-income countries](#).
- May 2024, article published in Eurohealth<sup>21</sup>, resulting from cooperative work between EuroHealthNet’s Director and other authors on the capacities of civil society in fostering social participation: [Standing for, with and behind each other: how to foster civil society capacities for social participation](#).

<sup>20</sup> Health Policy is an interdisciplinary journal at the interface between health policy, health systems research, health services research, health economics, health care management, political and policy sciences, public health, and related disciplines.

<sup>21</sup> Eurohealth is the journal of the European Observatory on Health Systems and Policies and it provides a forum for researchers, experts and policymakers to express their views on health policy issues and so contribute to a constructive debate on issues affecting health systems in Europe and beyond.

- September 2024: article published in Healthy Europe<sup>22</sup>, with input from the EuroHealthNet Director, on effective measures necessary to restrict the availability of unhealthy products: [Unhealthy profits.](#)
- October 2024: article published in Eurohealth, resulting from a staff member of EuroHealthNet and the coordinator of the FEAST project in which EuroHealthNet is involved: [Realising food democracy by tackling “fear of the masses” in public debates.](#)

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<sup>22</sup> “Healthy Europe” is a science magazine containing current information on public health and health promotion in Europe and worldwide.

## Annexes

### Annex 1: Bibliography

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- EuroHealthNet (2024), [Magazine](#)

The [EuroHealthNet website](#) was in 2024 consulted on a regular basis including project pages, responses to consultations, and other relevant outputs and material pages referred to in this evaluation report.

## Annex 2: List with projects and Joint Actions in which EuroHealthNet is involved

Project or Joint Action Acronym	Short description
<a href="#">BEST-COST</a>	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.
<a href="#">BeWell</a>	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.
<a href="#">BlueAdapt</a>	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.
<a href="#">CHAIN</a>	CHAIN Centre for Global Health Inequalities Research in Norway brings together academia, public health experts, the UN system and civil society organisations to examine the causes and extent of health inequalities and identify solutions to decrease disparities. It aims create a global transformation in actionable health inequalities research. EuroHealthNet led the work bridging research, policy and practice, and developed communications materials, including study factsheets and annual reports to support and disseminate CHAIN's work.
<a href="#">Dialogical-Work</a>	EuroHealthNet is an evaluator of the 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.
<a href="#">FEAST</a>	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.



<a href="#">IceHearts</a>	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).
<a href="#">Invest4Health</a>	The goal of Invest4Health (“Mobilising novel finance models for health promotion and disease prevention”) is to incentivize 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.
<a href="#">Label2Enable</a>	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.
<a href="#">MENTALITY</a>	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, the expectations are 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.
PERCH	The EU <b>Joint Action</b> PERCH contributes to European efforts to improve the uptake of the HPV vaccine across the European Union. This Joint Action will provide training activities for health professionals on vaccination communication and will promote national vaccination campaigns. EuroHealthNet’s role is to support the Joint Action in the understanding of health inequalities related to the uptake of HPV vaccination.
<a href="#">PSLifestyle</a>	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.
<a href="#">RESONATE</a>	RESONATE (Building individual and community resilience through nature-based therapies) is a four-year Research and Innovation project funded by Horizon Europe examining the health, environmental, economic, and social impacts of so-called ‘green care’, ‘nature-based social prescribing’ or ‘Nature-based Therapy (NbT)’ interventions. The goal is to provide practical guidelines and tools for NbT implementation and is expected to have a significant impact on the future development and use of NbTs in health and social care across Europe. Resonate is coordinated by the University of Vienna.
<a href="#">RIVER-EU</a>	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.

<p><u>Schools4Health</u></p>	<p>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.</p>
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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><b>Mission:</b> 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><b>Vision:</b> 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><b>Impact:</b></p> <ol style="list-style-type: none"> <li>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’.</li> <li>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.</li> </ol>	Data collected for the other indicators
<b>SO1: Realise and expand a high-quality, effective, and sustainable European Partnership for</b>	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><b>Outcome:</b></p> <ol style="list-style-type: none"> <li>III. The level of <u>engagement</u> of members in activities/events organised by EuroHealthNet (statutory, capacity building, advocacy, research,</li> </ol>	<p>III. Secretariat data:</p> <ul style="list-style-type: none"> <li>– evaluation forms of events (only for non-anonymous forms)</li> </ul>

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
<p><b>promoting social rights and health equity (Core Team)</b></p>	<p>New alliances will help us deliver joint objectives</p>	<p>1.2 Ensure strong governance and leadership of EuroHealthNet</p>	<p>Realise and expand a high-quality, cost effective and sustainable European Partnership for promoting health and social rights</p>	<p>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”.</p> <p>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.).</p> <p>V. The extent of a <u>balanced and sustainable funding</u> including:                      a. funding <u>mix</u>, i.e. ratio between longer term/shorter term income and restricted/unrestricted funding,</p>	<ul style="list-style-type: none"> <li>– involvement in working structures (participants’ lists)</li> <li>– involvement in governance bodies</li> <li>– co-chairs in working structures.</li> <li>– Involvement of members in projects.</li> <li>– # of new members recruited via project consortia</li> </ul> <p>IV. Members’ survey, evaluation forms used for activities/events, evaluation interviews.</p> <p>V. Financial information available.</p>
		<p>1.3 Develop and Implement membership recruitment and retention procedures</p>	<p>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</p>		
		<p>1.4 Organise annual seminars and embed learnings into series of virtual dialogues</p>	<p>Engage and proactively inform on critical EU social policy and health equity objectives and opportunities for timely and coordinated action</p>		
		<p>1.5 Develop and implement external evaluation procedures</p>	<p>Ensure a quality delivery of our work programme to maximise impact of our activities</p>		
		<p>1.6 Ensure coherence across EuroHealthNet activities to support</p>	<p>Ensure that learnings and outputs from other EuroHealthNet</p>		

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><b>Output:</b></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.	
<b>SO2: Contribute to the implementation of the EPSR principles and related initiatives at EU, national and local levels (Policy Platform)</b>	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.	<b>Outcome:</b> 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"> <li><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 (<a href="https://innovations.bmj.com/content/8/3/133">https://innovations.bmj.com/content/8/3/133</a>).</i></li> </ul> <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><b>Output:</b></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,</p>



Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
					<p>#meetings with EU officials, other EU stakeholders and decision-makers,                      #events and activities with national, regional, local levels,                      #collaborations and nature of collaboration with partners,                      # of engagements at <b>key events, like</b> 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>

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
<p><b>SO3: Strengthen the capacities, competency and knowledge of national member organisations and stakeholders (Practice Platform)</b></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><b>Outcomes:</b>                      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, Horizon, Erasmus +, ESF+, etc.)                      b. <u>EU level policy instruments</u> (EPSR, Child Guarantee, Semester CSRs, etc.).</p>	<p>XIII. Members’ survey, evaluation interviews, European Semester interviews with members by staff, other Secretariat data, i.e.</p> <ul style="list-style-type: none"> <li>- monitoring dedicated EuroHealthNet webpage on information related to national contact points for various EU programmes,</li> <li>- participant lists of annual dialogue between members and national contact points,</li> <li>- participant lists of annual info day and matchmaking session with members highlighting opportunities related to EU programmes,</li> <li>- number of members submitting enquiries to the EuroHealthNet EU/European Funds Support Desk</li> </ul>
		<p>3.2 Identify and engage members in timely opportunities on EU policy, practice and research at EU and cross-country levels, and expanding outreach</p>	<p>Increase competencies and opportunity of members to act, engage and implement EU policy instruments such as EPSR, Child Guarantee, Semester CSRs etc.</p>		
		<p>3.3 Capacity Building through workshops and twinning</p>	<p>Boost effective, timely and evidence-based action on social rights, health equity and on the EPSR overall through strengthened capacities.</p>		
		<p>3.4 Build and monitor relationships with national liaison points on EU policy and processes implementation</p>	<p>Create enabling conditions for better upscaling of successful projects and results.</p>		
		<p>3.5 Establish and manage flexible expert Thematic Working Groups</p>	<p>Promote innovation and cooperation to bring action against health</p>		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		(TWIGs) and ad hoc reference hubs 3.6 Organise Country Exchange Visits to ensure exchange and uptake of best practices across countries, regions and sectors	inequalities beyond the state-of the art. Contribute to close EU-MS alignment on policies and practice, boost cross-country learning and maximise added value of EU actions.		<ul style="list-style-type: none"> <li>- # communication activities related to strengthening capacity, competency, and knowledge of members</li> <li>- # reports of EuroHealthNet member-only events</li> </ul>
<b>SO4: Monitor and assess the impact of evidence-informed policies and practices at EU, national, and local levels (Research Platform)</b>	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.	<p><b>Outcomes:</b> 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.</p> <p><i>This indicator was deleted from 2023 external evaluations onwards, as EuroHealthNet does not develop methodologies/ tools/ support to analyse the potential impact of programmes or policies on health inequalities and/or health disadvantaged populations.</i></p> <p><b>The new indicator:</b></p>	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.,
		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.		- # communication activities related to research, research projects, or promoting evidence-informed policies and practice
		4.3 Updating Health Inequalities Portal with the latest research and information	Ensure widespread knowledge base on Health Inequalities in Europe.		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
				The level of uptake and use of the Health Inequalities Portal by members (and external stakeholders).	
<b>SO5: Organise communication and engagement activities internally and externally (Communication Team)</b>	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.	<b>Outcomes:</b> XV. The level of <u>visibility of the work and results of EuroHealthNet</u> to various target groups (members, partners, policy makers, CSOs, other).	XV. Evaluation interviews, members’ survey, other Secretariat data + use of comms data gathered for indicator XVI.
		5.2 EuroHealthNet Communications Network	Press contacts and communication experts of EuroHealthNet Core and Associated Members and Observers.		
		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	<b>Output:</b> 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.
		5.4 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	Increase engagement with EPSR principles, implementation and increased dialogue between public health		

Work Programme EC	Strategic Development Plan (2021 – 2026)	Work Programme EC - Activities	Work Programme EC - Objectives	Indicators	Data gathering/data sources
		social rights and health equity	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
<b>Coherence</b>		<ul style="list-style-type: none"> <li>- 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?</li> <li>- How coherent is EuroHealthNet’s presentation across these varied projects and how do they contribute to the overall visibility and reputation of the organisation?</li> </ul>	<ul style="list-style-type: none"> <li>- Could alliances be further leveraged to keep health equity on national and European policy agendas and reduce fragmentation?</li> <li>- How does the memorandum of understanding with the WHO European Regional Office contribute to the achievement of strategic objectives?</li> </ul>	
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- To what extent have the specific objectives been achieved?</li> <li>- Which factors contributed or hindered the achievement of these objectives?</li> <li>- How to improve/adjust if necessary? What are necessary conditions for these improvements/adjustments?</li> </ul>			
<b>Outcomes and impact</b>	<ul style="list-style-type: none"> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- How can EuroHealthNet effectively balance its messaging to convey both scientific rigor and political advocacy? Has EuroHealthNet’s visibility</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- To what extent did the work of EuroHealthNet contribute to awareness of and engagement with the EPSR among its members?</li> </ul>

	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"> <li>initiatives at EU, national and local levels?</li> <li>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?</li> </ul>	<ul style="list-style-type: none"> <li>(vis-à-vis EU and national policy makers and national and regional health and wellbeing actors) increased over the period 2022-2025?</li> </ul>	<ul style="list-style-type: none"> <li>green, digital and demographic challenges in and equitable way?</li> <li>To what extent did the work of EuroHealthNet contribute to a increased and improved dialogue between relevant actors at various levels?</li> </ul>	<ul style="list-style-type: none"> <li>To which policy changes did EuroHealthNet contribute and at what level?</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>To what extent are the results/benefits of the annual work programmes under the ESF+ Grant likely to last?</li> <li>Which provisions are foreseen to support sustainability of the results/benefits of EuroHealthNet?</li> </ul>			

## Annex 4B: Interview checklists



### EUROHEALTHNET – EXTERNAL EVALUATION

#### Checklist interviews EuroHealthNet members

2024

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 2023 and 2024? Are there specific outputs or tools that you find particularly useful?
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. Have you heard of EuroHealthNet's Health Inequalities portal, and have you used it for your work in the past?
6. Do you/your organisation cooperate with the WHO? If so, in what context?
7. 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)?
8. 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.?
9. Are there policy gaps or implementation gaps<sup>1</sup> that you identify in your country in which EuroHealthNet could play a role to address them at EU level?  
Are there successful experiences that you want to share with colleagues in EuroHealthNet for them to learn/benefit from?
10. Is there anything further you would like to share, or specific requests you may wish to make to the EuroHealthNet Office?

<sup>1</sup> Referring to a situation where existing policies, regulations, or laws fail to adequately address a particular issue or problem. It signifies a discrepancy between what is needed or desired in terms of policy action and what is currently in place.  
Dominique Danau (d.danau@sagoonderzoek.nl)



## Checklist interviews external stakeholders



### EUROHEALTHNET – EXTERNAL EVALUATION

#### Checklist interviews external stakeholders

June 2024

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 2022-2023) 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 5: Responses to EU policy consultations and policy briefs

1. [EuroHealthNet contributes to the review of the Health Emergency Preparedness and Response Authority \(HERA\)](#) (February 2024)
2. [EuroHealthNet responds to EU consultation on mid-term evaluation of the European Social Fund Plus \(ESF+\) 2021-2027](#) (February 2024)
3. [EuroHealthNet responds to EU consultation on the interim evaluation of the EU4Health Programme](#) (May 2024)
4. EuroHealthNet input in the ESF+ mid-term survey – EaSI strand (May 2024)
5. [EuroHealthNet responds to EU consultation on Horizon Europe work programme 2025](#) (May 2024)
6. [EuroHealthNet responds to EU4Health consultation on 2025 work programme priorities](#) (June 2024)
7. EuroHealthNet input in the TSI mid-term evaluation survey (June 2024)
8. [EuroHealthNet responds to the Commission’s consultation on the European Education Area \(EEA\)](#) (June 2024)
9. [EuroHealthNet responds to mid-term review of the Digital Education Action Plan](#) (September 2024)
10. EaSI Strand of ESF (September 2024)