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FINAL REPORT

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ABBREVIATIONS

AWP	Annual Work Plan
DG SANCO	Directorate General for Health and Consumers
EAHC	Executive Agency for Health and Consumers
EC	European Commission
EQ	Evaluation Question
EQM	Evaluation Questions Matrix
EU	European Union
HP	Health Programme
IO	International Organisation
MS	Member State
NFP	National Focal Points
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
PC	Programme Committee
PHEIAC	Public Health Evaluation and Impact Assessment Consortium
PHP	Public Health Programme
RFS	Request for Services
TS	Task Specifications
WHO	World Health Organisation

1 KEY MESSAGES

1.1 Key messages of the evaluation

1.1.1 Conception

HP objectives are broad and therefore cover main Public Health concerns

- The overall objective of the Health Programme is to "complement, support and add value to the policies of the Member States and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and improving public health."[1] Specifically, the Health Programme targets or aims at the following three main objectives as per programming documentation: (1) Improve citizens' health security (HS); (2) Promote health and reduce health inequalities (HP); (3) Generate and disseminate health information and knowledge (HI).
- The interviews with stakeholders (e.g. officials from the Executive Agency for Health and Consumers (EAHC); Programme Committee members and national focal points; Policy Committee members; officials of other EU financial programmes and representatives of International Organisations) have indicated that overall, interviewees thought that the objectives of the Health Programme cover much of the main needs of the area of Public Health in Europe. However, especially Programme Committee members thought that the objectives are very broad to the extent that most health-related issues could fit under them under any circumstances.
- The results of the online survey with action leaders show that the vast majority of respondents felt that the Health Programme is focusing on relevant priority areas addressing the main public health issues in Europe, but that more individual thematic areas close to their interest or area of work should be included or considered in the overall design of the Programme.

HP actions contribute to EU wide effects

- While the Health Programme needs to focus more on setting clear and tangible health objectives, these can only be reached if the actions funded respect well defined, proven EU added value criteria. The EAHC has developed seven ways on which to assess European added value, developed on the basis of the subsidiary principle and the Lisbon Treaty.[2] As part of the case study assessment of 14 actions funded under the Health Programme, the evaluation refined the approach suggested by the EAHC and assessed the EU added value of these actions. The case studies have illustrated that actions funded under the Health Programme contribute to EU wide effects as defined by the EAHC, most prominently in the areas of the promotion of best practice ("(...) to grant to all citizens the benefit from state of the art best practice, and to ensure the capacity building where necessary") and professional networking ("(...) the priority expected results have the objective to support or create networking activities"). According to the case studies, EU added value is least seen in the area of "Free movement of people" ("(...) to ensure high quality Public Health across EU Member States").
- Programme Committee members were confident that the Health Programme can and already does contribute to EU-wide effects, e.g. by pooling resources across the EU and working on

[1] Decision No 1350/2007/EC of 23 October 2007, establishing a second programme of Community action in the field of health (2008-2013), L 301/7

[2] The assessment criteria included (1) Implementing EU legislation; (2) Economies of scale; (3) Promotion of best practice; (4) Benchmarking for decision making; (5) Cross border threats; (6) Free movement of persons; (7) Networking. For further explanations, please refer to Evaluation Question 14 of the main report.

joint solutions. Without the Health Programme there would be fewer networks related to public health and less projects between Member States.

- The online survey with action leaders also suggests that most actions close to their area of interest would not have taken place or would have been undertaken with a less ambitious scope in the absence of Health Programme funding.

1.1.2 Design

Scope for efficiency gains by improving the design of HP

- Desk research has shown that the funding of actions is not spread equally over the three main objectives of the Health Programme, and is not targeting the priority areas to an equal extent. More transparency / explanation is needed why certain objectives receive more funding than others.
- According to the stakeholder interviews carried out, important efficiency gains could be achieved by reducing the number of priority actions of the Health Programme, and by focussing more on health issues that are of most concern to Member States.

Good utilisation but mixed satisfaction on the new financing mechanisms

- Desk research has shown that since the introduction of the current Health Programme, actions are more widely dispersed among the different financing mechanisms. It also suggests that the range of different financing mechanisms are better suited to accommodate the actions funded, and might increase the effectiveness of their outputs.
- Stakeholders, among them members of the Programme Committee, had mixed perceptions of the new financing mechanisms in general and the use of specific mechanisms to increase effectiveness in the delivery of the outputs.
- EAHC officials viewed the introduction of new financing mechanisms as a very positive development in general and highlighted the point that different financing mechanisms fulfil different purposes.
- The case study exercise conducted over a number of thematic areas has revealed that, regardless of the financing mechanisms actions are funded under, some of the actions assessed face similar challenges and limitations in that they lack clear intervention logics, definition of objectives, target groups and dissemination strategies, which might have a negative effect on the delivery of their outputs.

1.1.3 Management

Outsourcing of HP management to EAHC has significantly improved delivery

- The online survey and the case studies have revealed that overall, action leaders found the Health Programme's selection and management procedures appropriate and well executed, though they would benefit from more support and guidance from the side of the EAHC in the design of the proposal, the running of actions and the dissemination of results.

Dissemination of results is one of the main challenges of the HP

- According to the stakeholder interviews undertaken, the dissemination of results is one of the main issues of the current Health Programme. Certain stakeholder groups, e.g. Programme Committee members, feel not sufficiently informed about the results of actions funded. Given

the overall role and function of PC members at national level, this seriously limits the impact of the Health Programme.

- The case study assessment has shown that there is scope for improvement for actions to better outline their dissemination plans to make their results publicly available to a wide-spread audience. In addition, target groups of individual actions are defined to varying extents in the documentation, and often kept very generic and / or not easily quantifiable. Most actions do not seem to have a clear dissemination plan for their outputs, further limiting the impact of the Health Programme.

- Respondents to the online survey suggested that, in order to improve the dissemination of results, the European Commission could increase the dissemination by making them available through their own publications, ideally in a broad range of languages and specifically targeting relevant stakeholders. In addition, the EAHC also needs to play a more active role in the dissemination process, especially when an action has come to its end. For example, this could be done in close cooperation with the National Focal Points by providing summaries of results of actions funded under the Health Programme.

1.2 The five highest ranking recommendations

1. HP objectives to be more tangible and focused

- The evaluation recommends that DG SANCO looks to refine the objectives of the Health Programme for them to be more tangible and focussed on certain public health issues, especially those that are difficult for Member States to reach individually, and for indicators to be determined so that progress can be measured in terms of the extent to which these objectives are achieved.

- **2. DG SANCO to develop a plan for long-term targets**To ensure an effective implementation of the Health Programme, it is recommended that DG SANCO develops a plan for long-term targets to be achieved by the Programme. In conjunction with other policy implementation tools, appropriate priority actions could then be set, financing mechanisms selected and an appropriate spread among the objectives and priorities ensured. DG SANCO needs to explain and document this process clearly and provide a rationale / justification behind varying levels of funding for each objective.

3. DG SANCO / EAHC to provide clearer guidelines at proposal stage

- It is also recommended that DG SANCO and the Executive Agency provide clearer guidelines at proposal stage and encourage / follow-up their usage, for example:
  - intervention logics and theories of change to participants (definitions and very clear examples of Inputs, Outputs, Results, Outcomes and Impacts of an action);
  - setting indicators that could provide an insight into the extent to which the outcomes are being / have been achieved. Without these it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment;
  - how to set SMART objectives in order to effectively measure progress;
  - definitions of what is required in certain sections of the application form, i.e. “evidence base”, given that applicants might have different understandings of certain terms used (without interfering in the peer review process and without encroaching on the capacity of the applicants to formulate the evidence base);
  - assessing potential “EU added value” along clear and quantifiable criteria (as stated in the next paragraph, this aspect is crucial and therefore guidance on it should be made very clear);

- defining target groups / dissemination plans / evaluation plans.

4. EU added value of actions should feature to a greater extent in the application process

- The EU added value of actions should feature to a greater extent in the application process. As a condition sine qua non, applicants should describe the type of EU added value their action will bring, potentially making use of the seven EU added value criteria developed by the EAHC and used as part of this evaluation. The template used for assessing EU added value, developed as part of this evaluation, might be considered a starting point for the future assessment of EU added value in proposals. Applicants could provide a self-assessment of EU added value which would be assessed and validated during the evaluation process.

5. Actions and their results need to be built into a regular reporting system

- In order to ensure the dissemination of results by actions themselves, the evaluation recommends that actions allocate parts of the EC funding to dissemination, and to clearly outline this in the financial statements of proposals. Once actions come to an end, it is recommended that DG SANCO makes better use of its dissemination channels, i.e. the Public Health website, DG SANCO publications, newsletter etc.

  In order to reach national policy makers, DG SANCO and the EAHC should start disseminating HP project results systematically, i.e. in the form of short summaries, to inform Policy Committee members. In addition, the reports to the European Parliament, Council and Committee of the Regions that DG SANCO prepares annually could integrate summaries and references of previously done result dissemination and communication activities to further disseminate and promote the Programme. Furthermore, the “High Level Conference on EU Health Programmes: results and future perspectives”, which DG SANCO plans for March / April 2012, is the sort of initiative that has the potential to assist the dissemination effort.

Finally, the communication between DG SANCO, the EAHC and the Programme Committee needs to be improved in order to inform the latter about events related to the Health Programme, press conferences etc. EAHC officials could also communicate to the Programme Committee some of the constraints they are under or some of the views they hold (i.e. on financing small Operating grants when the administration will outweigh the costs of running the action).

2 EXECUTIVE SUMMARY

2.1 Background, objectives and approach

The **Health Programme 2008-2013**, together with the Health Strategy, was adopted on 27th October 2007, and put in place following Decision No 1350/2007/EC[3]. The Programme covers the period from 1 January 2008 to 31 December 2013 and was introduced as the main financial tool through which the principles and objectives of the Strategy would be achieved. It was endowed with a total budget of **321.5 million Euros** to be allocated to projects that could complement, support and add value to national health policies. In this context, projects were expected to include and involve actors from different participating Member States and their results should be applicable to other countries and regions across Europe and in its neighbourhood.

The purpose of the mid-term evaluation was to assess the Health Programme 2008-2013 at its half-way point in order to steer the preparation and design of the post-2013 programming period and take stock of the actions implemented to date. More specifically, the Tender Specifications requested that the evaluation:

1. Provide an overview of the implementation of the Health Programme in the first three years, including a quantitative and qualitative description of the priorities set, the financial mechanisms used (e.g. operating grants, joint actions, tenders etc), the beneficiaries reached, the actions funded, and the intended results.
2. Assess the relevance, effectiveness and efficiency of the funded actions, taking into consideration the fact that the majority of the actions funded will not have provided all the deliverables and final reports when the evaluation takes place, so the assessment of impact will have to be forward-looking.
3. Assess the consistency and complementarity with other relevant EU financial programmes funded from the EU budget, instruments and funds, and the utility of the Health Programme.
4. Measure the progress made in the light of the recommendations in previous evaluations and audits and their follow-up, the efficiency in the use of resources and the European added value.

To fulfil the above objectives, the evaluators developed a methodology primarily based on:

- an in-depth analysis of a sample of actions funded under the Health Programme, to assess their relevance, effectiveness, efficiency, utility, and their contribution to fulfilling the Programme's objectives by 2013;
- a stakeholder interview programme (incl. EAHC officials; Programme Committee members and national focal points; Policy Committee members; Officials of other EU financial programmes; Representatives of International Organisations);
- an e-survey with leaders of all actions funded under the Health Programme between 2008 and 2010;
- interviews with external public health experts who were involved in the evaluation of HP proposals; and,
- an extensive desk-based research exercise, particularly examining the Programme's Intervention Logic and it's consistency and complementarity with other EU Programmes.

The conclusions and recommendations presented in the following section are grouped around three components considered as being important for a programme evaluation, namely conception (the idea/notion behind the programme), design (the plan that establishes a relationship between

[3] Official Journal L 301 of 20.11.2007, pp. 3-13.

programme objectives and resources) and management (the practical organisation and coordination of the programme).

2.2 Key conclusions

2.2.1 Conception

HP objectives are broad and therefore cover main Public Health concerns

The objectives of the Health Programme (2008-2013) are far reaching and encompass most areas of Public Health in Europe. The Programme currently lacks a clear intervention logic. The intervention logic could be improved by better determining and describing: 1. the overall goals of the Programme, 2. how those goals might be reached, and 3. how progress can be accurately and effectively measured against the goals.

Process in place for determining priorities in AWPs

There is a process in place for determining priorities in the Annual Work Programme (AWPs) and for ensuring their alignment with the overall objectives of the Health Programme. However, this process is not considered as particularly clear or consistent. Public health officials from different parts of DG SANCO do not all employ the same process for determining priorities. There is no overarching systematic approach defined for this. In addition, setting priorities in the AWPs has not fully taken into account the needs of Member States in the area of Public Health. It would be beneficial to create a mechanism through which Member States could determine common goals and all contribute to the priority-setting process. While the Programme Committee is generally involved in the process to decide for priority areas in the AWPs, Member States' opinions are sometimes consulted late and it can then prove difficult to take into account a large number of (diverging) views.

HP actions correspond to HP objectives

The HP actions selected for funding correspond to the objectives of the Health Programme to a large extent. This is ensured through the selection process for actions, in which applicants have to outline the extent to which their proposed action will comply with the priority areas in the AWPs as well as the overall objectives of the Health Programme.

Too early for assessment of extent to which actions' results achieve HP objectives

At this stage, it is too early for an assessment of the extent to which the results of actions funded achieve the objectives of the Health Programme, given that most actions are still ongoing and key outputs have yet to be delivered. In the majority of cases there appears to be little deviation to what is detailed in proposals in terms of action outputs and outcomes.

HP actions contribute to EU wide effects

The majority of actions funded under the Health Programme have contributed to EU wide effects to a great extent when taking into account the seven ways of which to assess European added value developed by the EAHC. The case study assessment shows that EU added value generated by the HP actions appears to feature most prominently in the areas of "promotion of best practice" and "networking", and is seen least in the area of "Free movement of people". "Economies of scale" are foreseen in the majority of actions, though there is little evidence of any actions being able to quantify this effectively and accurately. In addition, it is envisaged that the results of many actions will be carefully examined and potentially used when considering future legislation, formulating policy and / or basing decisions on public health spending.

Many HP actions would not have gone ahead in absence of HP

Most actions would not have taken place or would have been undertaken with a less ambitious scope in the absence of Health Programme funding. The Health Programme appears to be the main funding mechanism in place to support such a diverse range of health-related activities.

2.2.2 Design

Scope for efficiency gains by improving the design of HP

Efficiency gains could be achieved by reducing the number of priorities and targeting them at health issues that are of most concern to Member States and where there is real value identified at intervening at EU level. Determining the potential "EU added value" of interventions is crucial.

New financing mechanisms perceived positively and have all been utilised

The introduction of specific and new financial instruments has generally been received positively and all instruments have been utilised. However, it is still too early to say if some financial instruments have led to more effective outputs in comparison to the previous Public Health Programme (2003-2008). Several actions funded under the different financing mechanisms face similar challenges. With all of them there is scope for proposals and interim reports to better define the action's objectives, to outline the intervention logic, target audiences, the dissemination strategy of deliverables and the "EU added value" of the action.

Selection process seems to ensure selection of appropriate/competent applicants

The selection process of actions funded under the Health Programme is strengthened in ensuring that appropriate and competent applicants are selected for funding. However, while in theory the current process offers equal access for all organisations to the Programme, consortia made up of "tried and tested" organisations seem to be more likely to be awarded funding than those that are small / new to the process. The EAHC is aware of this problem and has taken steps to support smaller organisations in their application process, i.e. by developing a series of seminars introducing the Health Programme and explaining the application process.

Smaller organisations are challenged by application process

Smaller organisations find the current application process challenging given its length and complexity. Such organisations might not have the necessary financial or human resources for putting together a proposal, and the process might incur high costs for them if proposals are submitted but not won.

High level of consistency / complementarity between HP actions and other EU policies

There is a level of consistency and complementarity between the actions funded under the Health Programme and other EU policies and activities, as well as activities at the national and international level, though this varies in its extent according to topic areas.
Several of the actions funded under the current Health Programme are follow-on actions from previous interventions funded through the EU. Actions also often use or build on the results of interventions funded under the Research Framework Programmes or the previous Health Programme. It is therefore necessary to share data more effectively between actions funded under the Health Programme and similar activities at national, European and international level, as well as between DG SANCO and other DGs, in order to create synergies and to better identify overlaps.

2.2.3 Management

Outsourcing of HP management to EAHC has significantly improved delivery

The outsourcing of the management of the Health Programme to the EAHC has resulted in a significant improvement in its delivery. While action leaders are generally satisfied with the selection and management procedures currently in place, they would nevertheless benefit from more support and guidance from the side of the EAHC in the design of proposals, the running of actions and the dissemination of results. However, the work load of individual EAHC project officers is high, and providing more support at the current staffing levels would be a challenge.

Scope for improvement of monitoring / management of HP

The EAHC also takes responsibility for monitoring and assessing the quality of dissemination plans and checking the deliverables produced. However, evidence suggests that monitoring data and results are not actively communicated to external stakeholders. In addition, the evaluation has not found any evidence of what procedures are in place at Commission or Member State level to incite stakeholders to make use of actions' results.

Dissemination of results is one of the main challenges of the HP

The dissemination of action results is one of the main challenges of the current Health Programme and should be improved. There is scope for more detailed dissemination strategies in proposals and interim reports, and for target audiences to be better defined. In addition, there is scope for DG SANCO / the EAHC to play a more active role in disseminating results, particularly when an action has come to an end. The dissemination of results at national level seems to be one of the biggest challenges for the Health Programme. In particular, there would be value in targeting national policy makers directly, as it is unlikely that they proactively look for results of actions themselves.

2.3 Key recommendations

Based on the findings and conclusions of the mid-term evaluation, the following recommendations are made to address existing shortcoming and take advantage of room for improvements:

2.3.1 Conception

HP objectives to be more tangible and focussed

The evaluation recommends that DG SANCO looks to refine the objectives of the Health Programme for them to be more tangible and focussed on certain public health issues, especially those that are difficult for Member States to reach individually, and for indicators to be determined so that progress can be measured in terms of the extent to which these objectives are achieved.

Better define strategic framework of the HP

It is also necessary to better define a strategic framework for the Health Programme, in which:

- priority areas clearly fit with and complement the objectives of the overall programme;
- clear targets for the Health Programme / the priority areas are introduced;
- a clearer rationale on how DG SANCO has arrived at the priorities in Annual Work Programmes should be provided.

DG SANCO to develop a plan for long-term targets

To ensure an effective implementation of the Health Programme, it is recommended that DG SANCO develops a plan for long-term targets to be achieved by the programme. Appropriate priority actions could then be set, financing mechanisms selected and an appropriate spread among the objectives and priorities ensured. DG SANCO needs to explain and document this process clearly and provide a rationale / justification behind varying levels of funding for each objective.

Consult national health experts when setting priority areas

It would be advisable to introduce a framework / a mechanism through which national health experts could be consulted and engaged earlier in the process of setting priority areas to determine the main health issues in the individual Member States. It is therefore recommended that DG SANCO works on mechanisms to make this possible.

2.3.2 Design

Retain current financing mechanisms / Consult action leaders on their experiences with the new FMs

The current system of financing mechanisms should be continued and action leaders should be consulted on their experiences of the new financial mechanisms, the pros and cons of each, and what aspects they would change / improve at the end of each project.

Retain current proposal requirements to show alignment of actions with HP objectives

The evaluation also recommends that the requirement for proposals to outline the extent to which their proposed action complies with the priority areas in the AWPs as well as the overall HP objectives should be retained. DG SANCO officials should continue assessing proposals according to their policy relevance, and external evaluators should continue rating proposals according to their evidence base.

EU added value of actions should feature to a greater extent in the application process

The EU added value of actions should feature to a greater extent in the application process. Applicants should describe the type of EU added value their action will bring, potentially making use of the seven EU added value criteria developed by the EAHC and used as part of this evaluation.

The template used for assessing EU added value, developed as part of this evaluation, might be considered a starting point for the future assessment of EU added value in proposals. Applicants could provide a self-assessment of EU added value which would be assessed and validated during the evaluation process.

2.3.3 Management

EAHC to monitor organisations applying for funding

The EAHC should continue undertaking satisfaction surveys with applicants selected for funding and those rejected to remain aware of problems that organisations might encounter when applying for funding under the Health Programme. The EAHC could also take stock of the type of organisation that are funded / rejected to ensure an equal access for all applicants to receive funding in the future.

The EAHC should also carry out a more in-depth assessment of a sample of actions every year, for example in a case study format similar to the one undertaken for this evaluation. This would enable project officers to develop a more in-depth assessment of actions funded, but also to have data

available to publish and further disseminate among stakeholders involved or interested in the Health Programme.

DG SANCO / EAHC to provide clearer guidelines at proposal stage

It is also recommended that DG SANCO and the Executive Agency provide clearer guidelines at proposal stage and encourage / follow-up their usage, for example:

- intervention logics and theories of change to participants (definitions and very clear examples of Inputs, Outputs, Results, Outcomes and Impacts of an action);
- setting indicators that could provide an insight into the extent to which the outcomes are being / have been achieved. Without these it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment;
- how to set SMART objectives in order to effectively measure progress;
- definitions of what is required in certain sections of the application form, i.e. "evidence base", given that applicants might have different understandings of certain terms used (without interfering in the peer review process and without encroaching on the capacity of the applicants to formulate the evidence base);
- assessing potential "EU added value" (as stated above, this aspect is crucial and therefore guidance on it should be made very clear);
- defining target groups / dissemination plans / evaluation plans.

Actions and their results need to be built into a regular reporting system

In order to ensure the dissemination of results by actions themselves, the evaluation recommends that actions allocate parts of the EC funding to dissemination, and to clearly outline this in the financial statements of proposals.

Once actions come to an end, it is recommended that DG SANCO makes better use of its dissemination channels, i.e. the Public Health website, DG SANCO publications, newsletter etc.

In order to reach national policy makers, DG SANCO and the EAHC should start disseminating HP project results systematically, i.e. in the form of short summaries, to inform Policy Committee members. In addition, the reports to the European Parliament, Council and Committee of the Regions that DG SANCO prepares annually could integrate summaries and references of previously done result dissemination and communication activities to further disseminate and promote the Programme.

Furthermore, the "High Level Conference on EU Health Programmes: results and future perspectives", which DG SANCO plans for March / April 2012, is the sort of initiative that has the potential to assist the dissemination effort.

Finally, the communication between DG SANCO, the EAHC and the Programme Committee needs to be improved in order to inform the latter about events related to the Health Programme, press conferences etc. EAHC officials could also communicate to the Programme Committee some of the constraints they are under or some of the views they hold (i.e. on financing small Operating grants when the administration will outweigh the costs of running the action).

Data to be shared more effectively

To make full use of the consistencies and complementarities of HP actions with other actions at international, European and national level, it is recommended that data is shared more between DG SANCO, other Commission services, national authorities and international organisations, for example through networking meetings or conferences etc.

3 INTRODUCTION

This Final Report is the fourth deliverables to be submitted by The Evaluation Partnership on behalf of the Public Health Evaluation and Impact Assessment Consortium (PHEIAC) in the context of the Mid-Term Evaluation of the Health Programme 2008-2013.

The purpose of this report is to provide the conclusions in respect of the evaluation questions specified in the ToR, which are generated through the evaluation. This report also contains recommendations made on the basis of the conclusions reached.

The Final Report consists of the following main sections:

- **Section 4** summarises the context and purpose of the evaluation;
- **Section 5** provides an overview of the approach and analytical framework, outlining the intervention logic and a summary of the Evaluation Questions Matrix;
- **Section 6** gives an overview of the evaluation methodology and tools and provides a short description of each, and also summarises the challenges and difficulties which the evaluation encountered;
- **Section 7** provides a comparison of the Health Programme with other comparable initiatives funded;
- **Section 8** gives an overview of the HP's consistency and complementarity with the FP7 healthcare strand;
- **Section 9** provides an overview of the first three years of the HP's implementation;
- **Section 10** outlines the summary findings of the case study assessment;
- **Section 11** provides findings to the evaluation questions and conclusions;
- **Section 12** outlines the recommendations of the evaluation;
- **Section 13** provides an overview of the recommendations made by previous evaluations and their implementation to date, and also lists the five highest ranking recommendations made by this evaluation exercise;
- **Section 14** illustrates the evaluation timetable.

The Report also includes **7 Annexes**, presenting:

- The Evaluation Questions Matrix
- The Terms of Reference
- Bibliography
- Overview of stakeholder interviewees
- Sample of 14 actions
- Spreadsheet for comparative assessment of 14 actions
- The Analysis table of comparable initiatives

The **analysis of the online survey with action leaders**, as well as the **14 case studies**, which form part of the assessment of actions funded under the Health Programme, can be found in separate documents.

4 THE CONTEXT AND PURPOSE OF THE EVALUATION

2.1.1. The EU's key health issues

As expressed by the European Observatory on Health Systems and Policies, "good health can be considered one of the most fundamental resources for social and economic prosperity"[4]. As a result of the EU's enlargement, health inequities between national and European levels of population became particularly evident. In spite of the significant improvements experienced by European citizens in health status and living and working conditions in the last decades, the European Observatory highlighted in 2009 that the level of heterogeneity in living conditions (that can be translated into diversity in patterns of health) "has widened tremendously in the European Union and will continue to do so as it goes through the enlargement process". This fact challenges the efforts to reduce inequalities in health. In addition to this, an ageing population points to the need for an effective health strategy and policies that can promote healthy ageing and prevent disease and disability. Addressing this need appears key to achieving the goals of economic prosperity, productivity and inclusion included in the Europe 2020 Strategy[5].

> The difference in life expectancy at birth between people living in different countries within the EU is more than 7 years for females and 12 years for males (e.g. a baby is more than 6 times more likely to die before their first birthday in Romania than in Sweden.
> The Healthy Life Years (HLY) is an indicator of the Lisbon agenda. It is used to measure how much time people are spending in good health. This varies widely across the EU. In 2003, HLY ranged from 71 years in Italy to 53 in Hungary for men, and 74 in Italy to 57 in Finland for women. (Source: European Community Health Status Indicators 2005)

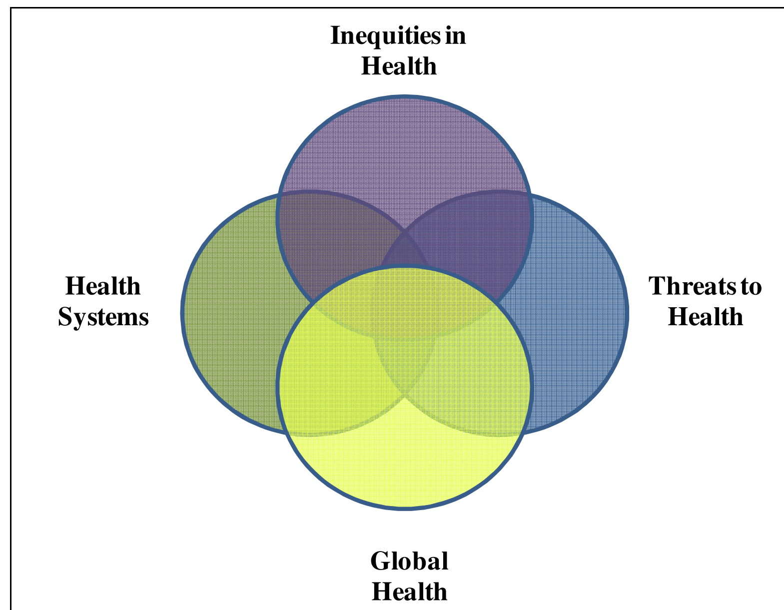
Back in 2007, when an Impact Assessment considering the need for and potential impact of a new European Community Health Strategy was being developed[6], the picture that emerged from the analysis of health trends in Europe was that of the conjunction of four key challenges, as illustrated in the diagram below:

[4] European Observatory on Health Systems and Policies, "Health in the European Union: Trends and analysis", Observatory Studies Series Nº 19, World Health Organisation, United Kingdom, 2009 (http://www.euro.who.int/__data/assets/pdf_file/0003/98391/E93348.pdf)

[5] See http://ec.europa.eu/eu2020/pdf/COMPLET%20EN%20BARROSO%20%20%20007%20-%20Europe%202020%20-%20EN%20version.pdf

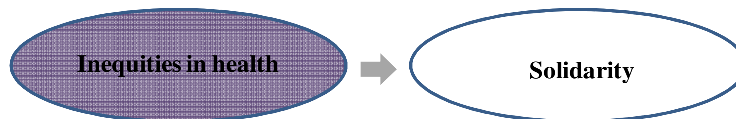
[6] See http://ec.europa.eu/health/ph_overview/Documents/strategy_impact_en.pdf

Figure 1 – The EU's key health challenges (2007)

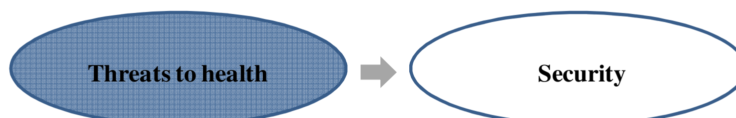


Source: Impact Assessment, Accompanying document to the White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" (2007)

The four areas overlapped with one another (e.g. addressing inequities would imply improving the access to healthcare systems) and were related to the European Commission's (EC) objectives of prosperity, security, solidarity and Europe in the world, as follows:

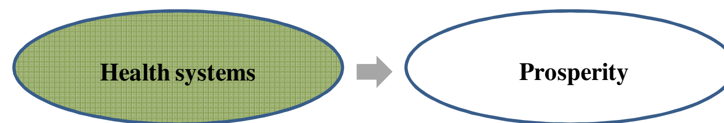


The existence of greater inequities in health is related to the enlargement of the EU to 27 Member States and the appearance of health gaps between countries. Health inequities are differences in health status and access to treatment and care that are avoidable and unfair and that defy the principle of solidarity within and between Member States (e.g. differences in life expectancy at birth, healthy life years, birth rate, non-communicable diseases, etc.). Health inequities usually arise from conditions related to socio-economic factors, lifestyle and environmental conditions (e.g. poverty, level of education, gender differences, disabilities, etc). As per the Lisbon Treaty, the EU has a role to play in reducing such gaps and adding value where possible. Actions to help narrow health gaps include: promoting health, addressing health determinants, improving health literacy and health information, increasing the availability of healthy choices and improving the efficiency and responsiveness of health services. By 2007, it was expected that EU added value could be found in a renewed approach (including the development of networks to encourage communication between Member States, experts, and stakeholders) to disseminating best practice in these areas.

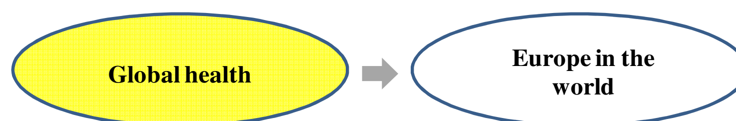


Threats to health are related to communicable diseases (e.g. HIV/AIDS, tuberculosis, SARS, avian influenza, bioterrorism, etc) and climate change (e.g. deaths due to heat-waves, reductions in the predictability of communicable disease threats due to environmental changes, etc.). These threats pose a challenge to EU citizens' safety and security, not only while they are in Europe but also abroad. The emergence or increase of such diseases has shown the need for good coordination between Member States on surveillance, preparedness and response. Threats to health can also occur in healthcare settings (e.g. due to errors based on the inadequate transfer of medical

information) and thus patient safety became an important area of concern too. Actions to address threats to health include improving Member States' preparedness and response to epidemics or bioterrorist acts and EU-level cooperation and coordination between Member States and international actors. It also includes supporting countries in addressing communicable diseases, patient safety issues, pharmaceuticals and medical devices safety, and the quality and safety of blood, tissues and cells.



This is related to population ageing and the emergence of new technologies that can revolutionise the healthcare system and enhance economic prosperity. Issues such as patients, services, and health professionals' mobility, efficiency in provision, e-health, biotechnologies, nanotechnologies, etc. show great potential to contribute to improved healthcare, as well as growth, innovation and employment. The EU can add value particularly through enabling the exchange of knowledge and best practice, promoting and supporting cooperation between health systems at EU level, and aiding investment towards modernised and efficient health systems. All this with a view to implementing an EU health system that is sustainable and at the same time attends the pressures from new technology, demographic change and popular expectations.



International EU action in the field of health can help to tackle major ongoing problems, including preventable premature deaths, the global threats of pandemics, resistant strains of micro-organisms, emerging and re-emerging diseases, and growing levels of insecurity, unrest and massive migration flows. In the global health arena, the EU should act in cooperation with a large number of bilateral and international organisations that are active in global health ranging from national governments, international NGO's, scientific associations and foundations, private companies, etc. and through new forms of interaction such as public-private partnerships. As was identified in the 2007 Impact Assessment and reaffirmed in the Working Paper "Global health: Responding to the challenges of globalization" published in 2010[7], effective coordination and a coherent intersectoral approach are necessary components of global health governance, and the EU's strategic work on global health issues could add value by supporting this more fully. The EU's leadership in global health can be further strengthened to give the EU a stronger voice to represent Member States on health issues.

One of the conclusions of the Impact Assessment was that the health challenges identified required a new focus at EU level and that this need could be addressed through the implementation of an overarching EU strategy that included strategic objectives, the reinforcement of the Health in All Policies principle, and an increased EU visibility in health policy initiatives.

Based on the European Observatory's Report mentioned earlier in this section, it is possible to say that these challenges are still relevant and that trends in chronic diseases, mental health, communicable diseases, injures and accidents, preventable risk factors e.g. tobacco, alcohol, obesity, etc. present a mixed picture of progress and challenges across Europe. Chronic diseases are the leading cause of death in the EU today, affecting particularly older people and requiring changes in the organization and delivery of healthcare. The need to protect the health of children and to reduce preventable risk factors among young people appears as a key challenge for the coming

[7] Commission Staff Working Paper "Global health - responding to the challenges of globalization" (2010). Accompanying document to the Communication to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: The EU Role in Global Health - COM(2010) 128.

years, together with ensuring the good health of the working-age population currently affected by considerable threats due to accidents and injuries, mental health problems, lifestyle choices, etc. More research is needed to evaluate the existing policies addressing these issues and to assess their effectiveness on the population in general but also on population subgroups such as women, low socio-economic groups, ethnic groups, etc. Continual monitoring of these health issues, as well as the evaluation of policies that aim to tackle them, is key to ensure that the improvements in health are sustainable and shared across populations.

2.1.2. The EU's health policy

The EU's principal action in the area of health started in the 1990s, after the introduction of specific public health provisions into the EU Treaty[8], giving the European Community 'competence' and legal responsibility in the field of public health. Initially, the EU worked on eight sectoral health programmes that addressed individual issues such as cancer, communicable diseases, rare diseases, injury prevention, pollution related diseases, drug prevention, and health promotion and monitoring[9]. In 2000, the European Commission adopted the first public health strategy[10] that gave rise to the Public Health Programme for 2003-2007 and that set out an overarching framework for action on health determinants, health threats, information and monitoring within the health sector at EU level.

However, by 2006, the Commission acknowledged Europe was facing new health challenges relating to globalisation, innovative technologies, an ageing population, new disease threats, and lifestyle-related illnesses (e.g. linked to obesity and smoking) that required a new approach. In this context, the EC planned to put together a revamped strategy aimed at maximising the EU's ability to tackle the new health challenges, while supporting the Commission's broader objectives expressed in the Treaty. The new strategy was presented in October 2007 in the White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" [11].

2.1.3. The EU's Health Strategy

The EU's integrated strategic policy framework in public health (or EU Health Strategy) is based on the fact that although Member States have the main responsibility for providing healthcare to European citizens and defining health policy, it is the EC's role to promote cooperative action, particularly relating to health threats and issues with a cross-border or international impact (e.g. pandemics and bioterrorism, free movement of goods, services and people) and the prevention of illness. This implies working on health issues across all sectors e.g. economic prosperity, citizens' empowerment, environment, consumer protection, development, etc.

The Strategy covers the period 2008 - 2013, when a review will take place to support the definition of further actions towards the objectives. As was mentioned in section 2.1.1, the Strategy was built on the Impact Assessment carried out in 2007 and also on two broad consultations conducted by the EC in 2004[12] and 2007[13] asking the population what future health action the EU should take and what the priorities for a future strategy should be. In this context, it was expected that the EC Health

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[8] Public health provisions were initially included in Article 129 of the Maastricht Treaty and then in a strengthened form in Article 152 of the Treaty of Amsterdam.

[9] RAND Europe (2007). European Commission. Interim Evaluation of the Public Health Programme 2003-2008.

[10] Proposal for a Decision of the European Parliament and of the Council adopting a Programme of Community Action in the Field of Public Health (2001-2006) - COM(2000) 285.

[11] See http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf

[12] See http://ec.europa.eu/health/ph_overview/strategy/reflection_process_en.htm

[13] See http://ec.europa.eu/health/ph_overview/strategy/results_consultation_en.htm

Strategy could address the challenges identified in the Impact Assessment and consultations, and also give direction to future Community activities in health.

The Strategy was structured around four core principles that were the keystones of three strategic objectives, namely:

- **Principle 1:** A strategy based on shared health values
- **Principle 2:** "Health is the Greatest Wealth"
- **Principle 3:** Health in All Policies (HIAP)
- **Principle 4:** Strengthening the EU's Voice in Global Health
- **Objective 1:** Fostering good health in an ageing Europe
- **Objective 2:** Protecting citizens from health threats
- **Objective 3:** Supporting dynamic health systems and new technologies

The Second Programme of Community Action in the Field of Health (or Health Programme 2008-2013) is the key instrument and main financial instrument supporting the Strategy's objectives as well as contributing to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety. Other Community actions such as the Safety and Health at Work Strategy 2007-2012[14], the 7th Framework Programme on Research[15], the Cohesion Policy/Structural Funds[16], and the EU Development Fund[17] were also expected to play a major role in the Strategy's implementation.

2.1.4. The EU's Health Programme

The Health Programme 2008-2013 was adopted a few months after the EU Health Strategy was put in place, following Decision No 1350/2007/EC[18]. The Programme covers the period from 1 January 2008 to 31 December 2013 and was born as the main financial tool through which the principles and objectives of the Strategy would be achieved. It was endowed with a total budget **of 321.5 million Euros** to be allocated to projects that could complement, support and add value to national health policies. In this context, projects were expected to include and involve actors from different participating Member States and their results should be able to be applied in other countries and regions across Europe and in its neighbourhood.

Objectives

As per Decision No 1350/2007/EC, the EU Health Programme has three main objectives[19]:

First objective: Improve citizens' health security	• **Protect citizens against health threats:** This is related to developing strategies and mechanisms for preventing, exchanging information on and responding to health threats; developing prevention, vaccination and immunisation policies; and improving preparedness and planning for health emergencies.

[14] See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0062:FIN:en:PDF
[15] See http://cordis.europa.eu/fp7/health/home_en.html
[16] See http://ec.europa.eu/health/health_structural_funds/policy/index_en.htm
[17] See http://ec.europa.eu/development/how/source-funding/edf_en.cfm
[18] Official Journal L 301 of 20.11.2007, pp. 3-13.
[19] For a complete description of the Health Programme's objectives please refer to the Annex in Decision No 1350/2007/EC.

	• **Improve citizens' safety:** This includes supporting and enhancing scientific advice and risk assessment by promoting the early identification of risks; enhancing the safety and quality of organs and substances of human origin, blood, and blood derivatives; and improving patient safety through high-quality and safe healthcare.
Second objective: Promote health, including the reduction of health inequalities	• **Foster healthier ways of life and the reduction of health inequalities:** This is related to implementing actions that can increase healthy life years and healthy ageing; and identifying the causes of, address and reduce health inequalities within and between Member States. • **Promote healthier ways of life and reduce major diseases and injuries:** This should be achieved through addressing health determinants to promote and improve physical and mental health (e.g. nutrition and physical activity, tobacco, alcohol, etc.); tackling the health effects of wider environmental determinants (e.g. indoor air quality, exposure to toxic chemicals, etc.); and promoting actions to help reduce accidents and injuries.
Third objective: Generate and disseminate health information and knowledge	• **Exchange knowledge and best practice on health issues:** This includes, for example, supporting European reference networks and enhancing the application of best practice within Member States. • **Collect, analyse and disseminate health information:** This is related to developing a sustainable health monitoring system with mechanisms for collection of comparable data and information, with appropriate indicators; disseminating results; providing information to citizens, stakeholders and policy makers; and developing consultation mechanisms and participatory processes.

Progress on the Programme's objectives has been made through the elaboration and implementation of Annual Work Plans (AWP) that set the priorities and the criteria for the selection and funding of projects. The preparation of the AWPs has been the responsibility of the Commission and they have been adopted after approval by the Members States represented in the Programme's Committee.

The Programme's financing mechanisms

The implementation of the EU Health Programme is channelled through the following financing mechanisms which are announced each year in the Official Journal via calls for proposals, conferences, operating grants, joint actions, and/or tenders[20]:

Financing Mechanism	**Description**
Grant agreement for actions	These are awarded to innovative projects that involve various partners (usually public health bodies and NGOs), that provide added value at European level and contribute to and support the development of Community policies in the field of public health. They are selected through calls for proposals and calls for conferences (and should not exceed three years in the case of projects).
Operating grants	These take the form of a financial contribution for non-governmental organisations or specialised networks in the field of health. These

[20] According to Decision No 1350/2007/EC, the Programme is open to the participation of the EFTA/EEA countries and third countries.

	bodies must be non-governmental, non-profit making, independent from industry or other conflicting interests and have as their primary objectives one or more goals of the Programme. It is also expected that they operate at EU level and have members in at least half of the Member States, with a balanced geographical coverage. These grants are selected through calls for operating grants.
Service-contracts	These are services (e.g. studies, data, staff training, etc) that are purchased after a procurement procedure usually through calls for tenders.
Joint actions	These take the form of funding for projects in the field of health jointly designed and financed by the EU with one or more Member States authorities or bodies associated. Projects are selected through calls for joint actions.
Direct grants with international organisations	These are usually awarded to international organisations that have the capacities needed to tackle health priorities for the EU identified in the annual work plans (e.g. OECD, WHO, European Observatory on Health Policies and Health Systems, etc.). It is expected that these grants improve the synergies and responsiveness of the EC to international organisations. There are no calls for this type of grants.
Other	Other activities included in the AWPs that can be funded by the EC include: creation and functioning of scientific committees, sub-delegation of resources to a specific body (e.g. Eurostat), organisation of workshops and expert meetings, publications and various communication initiatives to promote the second Health Programme.

Source: TEP's elaboration based on the Terms of Reference, Decision No 1350/2007/EC, and Annual Work Plans for 2008, 2009 and 2010.

As per Decision No 1350/2007/EC, the financial contributions of the EU to the selected actions should not exceed 60% of costs for actions intended to achieve an objective forming part of the Programme and for the functioning of a non-governmental body or a specialised network. In cases of "exceptional utility"[21], the Community contribution could cover up to an 80% of costs. In addition to this, financial contributions by the EC can include joint financing by the EC and one or more Member States or by the EC and the competent authorities of other participating countries. In this case, the Commission's contribution should not exceed 50% of costs.

[21] These are proposals that have significant European added value because they contribute to improving the health of European citizens (measured by appropriate indicators, including the Healthy Life Years indicator); reduce health inequalities in and between EU Member States and regions; build capacity for development and implementation of effective public health policies particularly in areas of high need; and/or involve new (non-traditional) actors for health in sustained, cooperative and ethically sound actions, both at regional or local level and across participating countries.

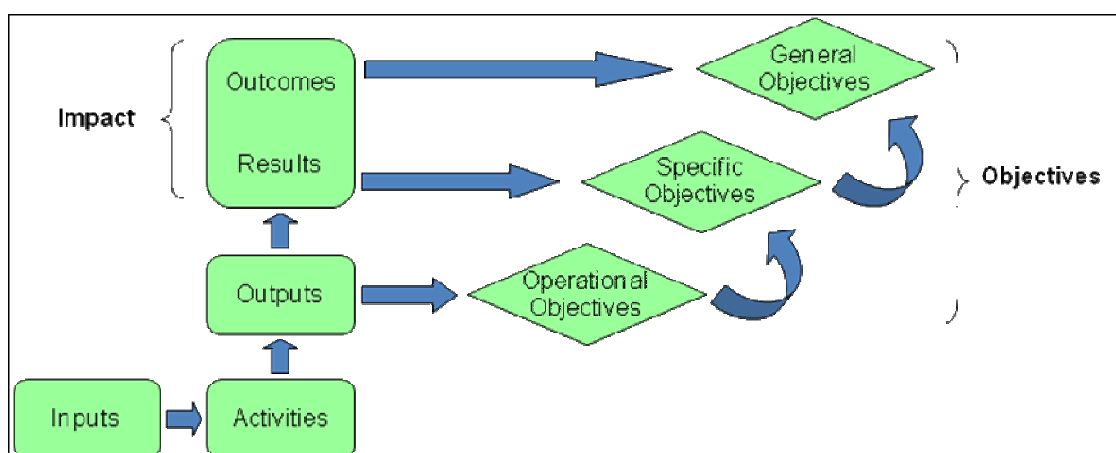
5 THE APPROACH AND ANALYTICAL FRAMEWORK

5.1 Intervention logic

In order to evaluate programmes or other activities, it is necessary to first understand the programme's intervention logic, which helps to clarify the objectives and to relate them to the (expected) effects of the programme, so that they can be evaluated.

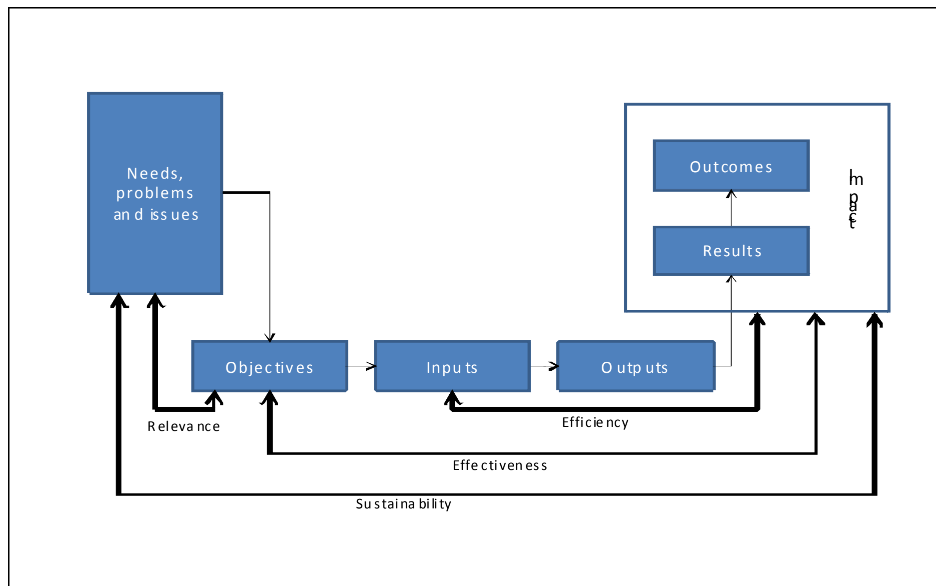
The intervention logic shows the casual relationships between inputs, activities, outputs, results and outcomes. Thus, the intervention logic is a simple means of defining, visualising and prioritising the elements of an intervention. It will serve as a reference framework throughout the evaluation.
On a very high level, the intervention logic model can be depicted as follows:

Figure 2 – Intervention logic model



A clear understanding of the objectives of programmes is essential for an evaluation, because they are an integral part of assessing an intervention directly with regard to the issues of *relevance* and *effectiveness*.

Figure 3 – Evaluation issues and concepts



Due to the fact that the main focus of an evaluation is on the effects of an intervention (i.e. results and impacts), the most relevant objectives by which performance is assessed are those at the *operational, specific*, *programme* and *global level*.

Operational objectives: They provide a basis for assessing an intervention in relation to its *outputs*. The latter can be defined as what is directly produced / supplied through the implementation process.

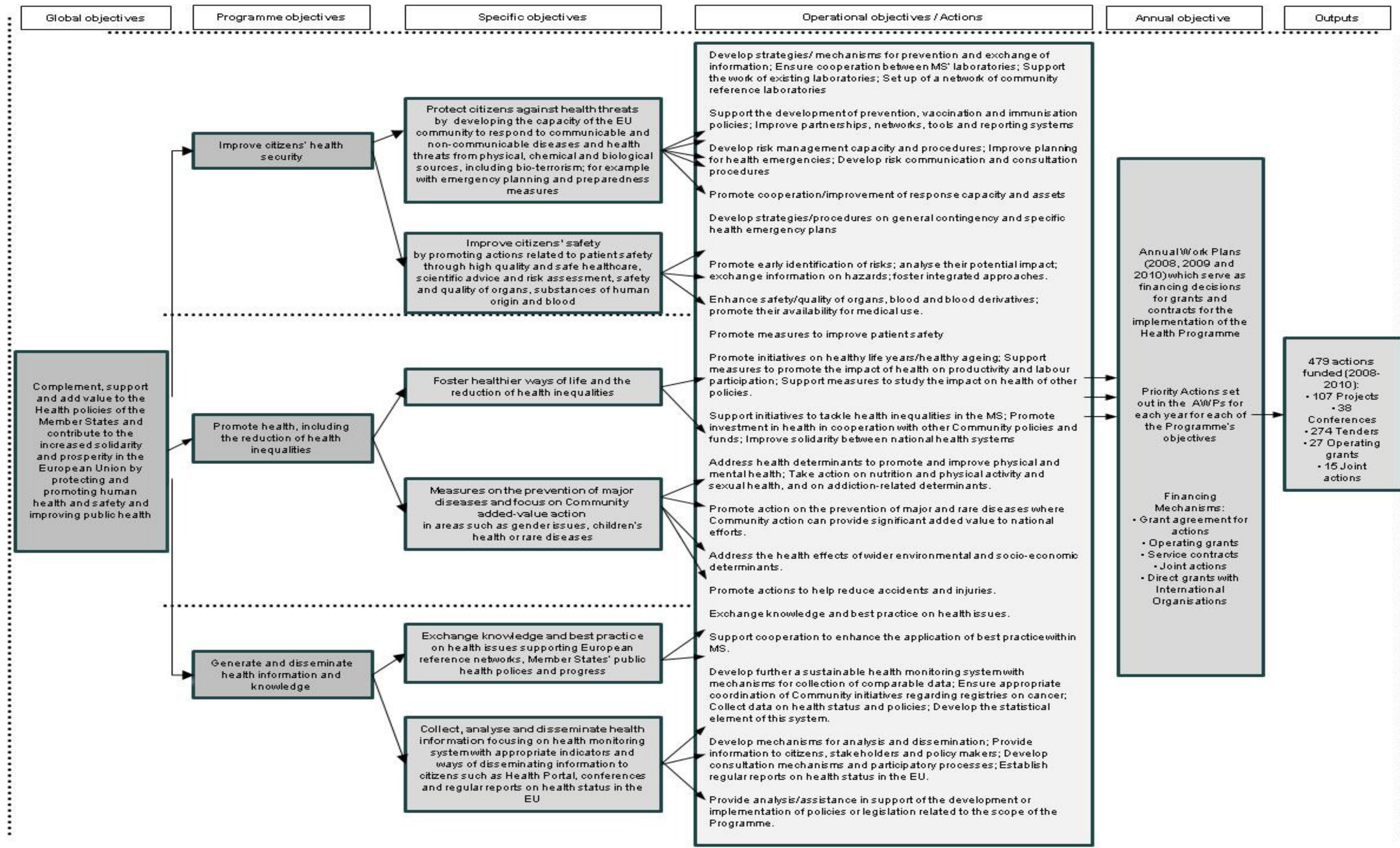
Specific Objectives: They provide a basis for assessing an intervention in relation to the short-term *results* that occur at the level of direct beneficiaries / recipients of assistance.

Programme (General) Objectives: They provide a basis for assessing an intervention in relation to its short to medium-term effects on both direct and indirect beneficiaries / recipients of assistance.

Global objectives: They provide a basis for assessing an intervention in relation to longer term and more diffuse effects (or *global impacts*).

In order to operationalise the intervention logic for the evaluation, its elements have to be linked to the evaluation issues and criteria. The following diagram provides an overview of the 2008-2013 Health Programme's general objectives, and how these relate to the operational and specific objectives.

Figure 4 – Health Programme's hierarchy of objectives



The evaluation will take into account and analyse the following evaluation issues:

- Needs, problems and issues;
- Objectives;
- Inputs;
- Outputs;
- Results;
- Impacts (intermediate and global).

Needs, problems and issues identified in target groups: In order to assess if the Health Programme 2008-2013 remains *relevant*, given the possible evolution of the situation, the rationale that initially gave rise to the intervention has to be verified. Thus, during the course of this mid-tern evaluation, it will be necessary to verify the needs, problems and issues of the *two main groups* involved in protecting and promoting human health and safety and improving public health: 1) Those in charge of the management of the programme (i.e. the European Commission, the Executive Agency for Health and Consumers (EAHC), the Member States and the Programme Committee; 2) Key stakeholders and beneficiaries (i.e. national focal points, members of the Policy Committees, officials involved in other EU policies and programmes, action leaders etc.).

Objectives: As shown in the intervention logic model, it is necessary for the evaluation to understand the causal relationship between the different objectives. The objectives of the Health Programme 2008-2013 can be differentiated into *Global objectives*, *Programme objectives*, *Specific objectives* and *Operational objectives*. The diagram above shows the definition of each objective category.

Inputs: Inputs usually represent the investment in the activity / programme, the means used to produce outputs. In the context of the Health Programme, inputs relate to the individual finance mechanisms that are implemented in order to fund projects. In addition, inputs have to do with the human resources needed to run the selection and implementation process (including organising and launching the call for proposals and making payments) and to arrange follow up activities.

Outputs: Outputs are defined as products. In the case of the Health Programme 2008-2013, the products are the types of activities funded through the different funding mechanisms set out in the Health Programme, such as innovative projects involving various partners, financial contribution for non-governmental bodies in the field of health, services (i.e. studies, data, staff training etc.), projects in the field of health jointly financed by the EU and one or more Member States, financial support to international organisations, or other activities included in the Annual Work Programmes.

Results: Results are the immediate or initial effects of an intervention. In the context of the Health Programme 2008-2013, results can be defined as effects of the funded actions on the policy field across the EU, for example a better protection of citizens against health threats, improved citizens' safety, better actions on health key factors, better measures on the prevention of major diseases, the improvement of physical and mental health, and improved knowledge and best practice exchange, and an improved method to collect, analyse and disseminate health information.

Impacts (intermediate / global): Impacts represent the intermediate and longer-term effects / outcomes of an intervention, i.e. the cumulative change of certain conditions. In the context of the Health Programme 2008-2013, this would be to complementing, support and add value to the health policies of the Member States, a better protection of and promotion of human health and safety, and the improvement of public health. As the study is conducted at a half-way point of the Health Programme's implementation, the assessment of impacts will be forward-looking and will focus on establishing what improvements need to be made in order to fully achieve the expected results.

In the inception and early data collection phase, the evaluation team identified eight areas as being important to ensure a clear focus for the final reporting. These areas are:

1. Objectives of the HP
2. Link (if any) between priority areas and the HP
3. Link between actions funded and objectives of the HP
4. Financing mechanisms
5. Added value of actions / the HP
6. Additionality
7. Dissemination
8. Sustainability

Related to these areas, the evaluation team has developed eight hypotheses which will be tested mainly by analysing in depth the 14 actions chosen for the case studies. The hypotheses are:

1. The Health Programme (2008-2013) objectives are sufficiently tangible.
2. The priority areas in the Work Plans have a direct link to reach the objectives of the Health Programme;
3. The "intended" results of HP actions address the objectives of 1. the Health Programme / 2. the Priority Actions;
4. The various HP financing mechanisms are appropriate for the types of HP interventions they are intended to support;
5. HP funded actions are providing real EU added value (based on the seven criteria developed by the EAHC);
6. The actions funded under the Health Programme collectively contribute something additional to the overall supply of public health in Europe that would not have been provided in the absence of the programme;
7. The "actual" results of HP funded actions are being effectively disseminated (actions / the results of actions are reaching their intended target audiences);
8. The "actual" results of HP funded actions are accessible even when the action itself has come to an end.

5.2 Summary of the Evaluation Questions Matrix

As indicated above, the evaluation team developed an analytical framework of judgment criteria and indicators, i.e. the evaluation question matrix (Annex 1). The table below summarises how different data collection methods will feed into the evaluation questions (ticks represent a major contribution, ticks in parentheses a minor contribution), while the complete evaluation question matrix is presented in Annex 1. The evaluators used this framework to systematically allocate the data to be collected to their eventual uses, and to ensure that the tools and methods address the relevant issues. The same matrix was also used during the final analysis to structure and map the evidence back to the evaluation questions.

Table 1 – Data sources for main evaluation questions

Evaluation Question	E-survey of all action leaders	Stakeholder interviews	In-depth study of 14 actions (interviews and desk research)	Desk research	Familiarisation interviews

Evaluation Question	E-survey of all action leaders	Stakeholder interviews	In-depth study of 14 actions (interviews and desk research)	Desk research	Familiarisation interviews
Relevance					
EQ1. To what extent are the objectives of the Health Programme relevant to the needs of the area and the problems it was meant to solve?		√		√	
EQ2: To what extent do the priority actions in the Annual Work Plans (AWP) ensure their relevance in relation to the objectives set in the Health Programme?	(√)	√	(√)	√	√
EQ3: To what extent do the priority actions ensure their relevance in relation to the principles and objectives set in the Health Strategy?		√		√	√
EQ4: To what extent do the activities selected for funding correspond to the objectives of the Health Programme?	√	√	√	(√)	(√)
Effectiveness					
EQ5. What are the results so far for the activities selected for funding in achieving the objectives of the Health Programme?	√	√	√	√	
EQ6: To what extent does the use of specific and in particular new financial mechanisms (operating grants, joint actions, conferences) and tenders help to increase effectiveness in the delivery of their outputs?	(√)	√	(√)	√	(√)
EQ7: To what extent do the technical quality of the project proposals funded,	√	√	√	(√)	

Evaluation Question	E-survey of all action leaders	Stakeholder interviews	In-depth study of 14 actions (interviews and desk research)	Desk research	Familiarisation interviews
the involvement of relevant decision makers and the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake?					
EQ8: To what extent are the results of activities funded widely disseminated and publicly available?	√	√	√	√	
Efficiency					
EQ9: To what extent is the spreading of funds over general objectives, priority actions and specific mechanisms a good basis for an efficient implementation of the Health Programme?	√	√	√		
EQ10: To what extent does the access to the Programme allow the most appropriate and competent applicants to be selected, according to prioritised needs in line with the programme objectives?	(√)	√	√	√	
EQ11: How might the efficiency of the Health Programme be improved regarding: the number of priorities; the available resources (financial and human); the various financial mechanisms; the established procedures; the intended results, and the political focus?	√	√	√	(√)	
EQ12: To what extent are the monitoring processes and resources (at the Commission and MS level) sufficient and adequate to plan and promote the results of the Health Programme and finally to incite stakeholders	(√)	√	(√)	√	

Evaluation Question	**E-survey of all action leaders**	**Stakeholder interviews**	**In-depth study of 14 actions (interviews and desk research)**	**Desk research**	**Familiarisation interviews**
(internal and external) to make use of them?					
Consistency / Complementarity					
EQ13: To what extent are consistency and complementarity ensured between Programme actions and other EU policies and activities, and with actions at national or international level?		√	(√)		
Utility					
EQ14: To what extent has the Health Programme so far contributed/can contribute to EU-wide effects?	√	√	√	(√)	

6 EVALUATION METHODOLOGY AND TOOLS

In order to provide answers to the evaluation questions as well as to provide meaningful conclusions and recommendations, the evaluation used the following tools and methods:

6.1 Desk research

6.1.1 Document review

The evaluation team conducted an extensive review of all available documentation with regard to the Health Programme. An overview of the documentation can be found in Annex 3.

6.1.2 Mapping database

The evaluation undertook an assessment of the implementation of the Health Programme to date. The evaluation team received a database from the EAHC and DG SANCO of actions funded under the Health Programme, also presenting the funding amounts committed for each action, and assessed the information available according to year, financing mechanism, Health Programme objectives, priority actions and the number of actions funded. An analysis of the mapping database can be found in Section 9.

6.1.3 Analysis of comparable initiatives

The evaluation assessed the consistency and complementarity of the Programme with other EU financial programmes and actions at local, national and international level, namely (1) the Health Theme of the 7th Framework Programme; (2) the Programme of Community action in the field of consumer policy; (3) the programme “Drugs prevention and information”; (4) the programme “Fight against violence” (Daphne 3). An overview of this comparison can be found in Section 7, and a detailed assessment is presented in Annex 7.

In addition, the evaluation also provided a more in-depth analysis of the Health Programme’s consistency and complementarity with the 3rd pillar of the FP7 healthcare theme, “Optimising the delivery of healthcare to European citizens”, highlighting the topics that have been covered within the healthcare strand, the scope for mainstreaming, as well as the possibility to create more synergies. This overview can be found in Section 8.

6.1.4 Assessment of the implementation of previous evaluation recommendations

The evaluation also undertook an assessment of the implementation of previous evaluation recommendations to date. The findings of this analysis can be found in Section 13.

6.2 E-survey of all action leaders

An online survey with all action leaders was launched on 22 February 2011, which remained online for over six weeks, until 8th April 2011.

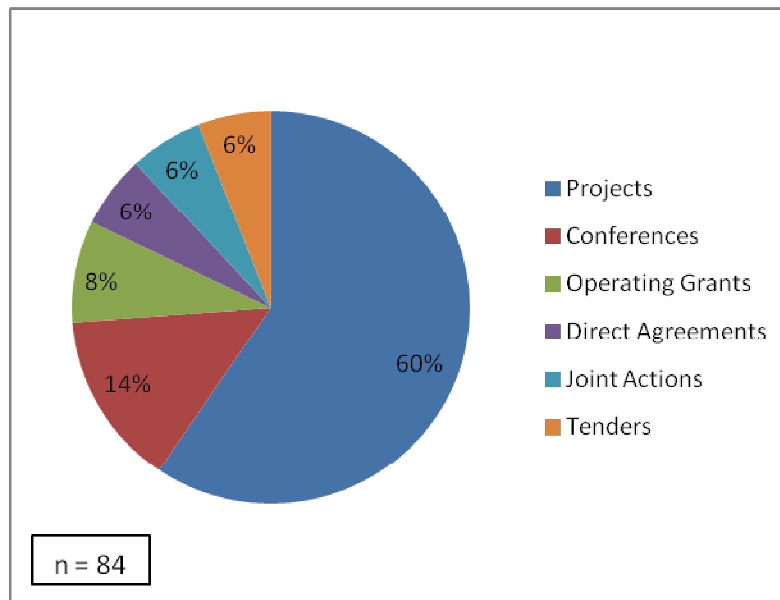
The purpose of the online survey was to gather qualitative and quantitative information on the different actions across all Member States and other participating countries and to draw conclusions on the impact of measures on all countries.

A first invitation email was sent out to 174 leaders of actions from 2008, 2009 and 2010. A second invitation email was sent to 19 leaders of 2008 tenders. After over six weeks online, 86 responses were collected. These included 50 responses from action leaders representing actions financed

under Projects, 12 Conferences, seven Operating Grants, five Direct Agreements, five Joint Actions, and five tenders (see below).

The following chart provides an overview of the responses by funding mechanism:

Figure 5 - % of responses by funding mechanism



It should be noted that of the 19 action leaders of the 2008 tenders contacted for the survey, only two action leaders responded, but only stated the titles of their actions and provided no further information. In addition, the evaluation team has received two emails of individual action leaders who were questioning why they had been contacted to participate in the survey, not identifying themselves as "action leaders" and not being familiar with the "Health Programme" as such. The study team has replied to them explaining the purpose of the evaluation, but has not heard back from them since.

An in-depth assessment of survey responses is provided in the Online Survey Report, which is a separate document to this Final Report.

6.3 Stakeholder interviews

During the course of this evaluation, the study team has conducted 30 face-to-face and telephone interviews with stakeholders from the following five groups:

- EAHC officials;
- Programme Committee members and national focal points;
- Policy Committee members (including the European Economic and Social Committee and the Committee of the Regions);
- Officials of other EU financial programmes;
- Representatives of International Organisations;
- External public health experts involved in the evaluation of HP calls.

In addition, two stakeholders provided their replies to the interview questionnaire in written format.

The aim of the interviews was for the study team to develop a comprehensive overview of the Health Programme to date and discuss particular issues relevant for the different stakeholder

groups, i.e. on the objectives and priorities of the Health Programme, the financing mechanisms, projects and results to date.

Standardised questionnaires were used for each stakeholder group to ensure that the responses are comparable. The findings of the interviews are presented under each Evaluation Question by stakeholder group in order to make perceptions more identifiable at stakeholder level.

The list with more details on the stakeholder interviews (i.e. groups contacted, number of stakeholders interviewed per group etc.) can be found in Annex 4.

6.4 In-depth assessment of sample of actions

PHEIAC has undertaken an assessment of a sample of 14 actions funded under the Health Programme. The purpose of this in-depth study was to get a better understanding of the compatibility of the actions with the Health Programme's objectives, the usefulness of the different financing mechanisms, and where possible, the outputs, outcomes and impacts of the actions. The sample was selected in conjunction with DG SANCO by applying the following criteria:

- A proportionate sample of actions from all three strands;
- A sample of actions financed by the different financing mechanisms envisaged by the Programme, covering tenders; direct agreements (DA); grants for projects (PR); grants for conferences (CF); operating grants (OG); and joint actions (JA). Joint actions awarded in 2010 have not been taken into account as negotiation procedures for the signing of the grants have only started in the beginning of 2011.
- Actions with different levels of budget, attempting to cover both big and small projects;
- Actions being undertaken in old and new Member States. It should be highlighted that the composition of the sample (with more actions in the old Member States) reflects that there are fewer actions funded in the new Member States. Countries covered in the sample include: The Netherlands, Ireland, Denmark, Finland, Spain, the UK, Slovenia, Lithuania, Portugal, Greece, Italy, France, Germany and Estonia;
- A majority of actions that started between 2008 and mid-2009, complemented by a reduced number of actions that were awarded funding in 2010, in order to ensure that project deliverables have been produced.

A table presenting the sample of actions assessed can be found in Annex 5.

DG SANCO and the EAHC were asked to provide the study team with the following documents for the assessment of each action:

- Project proposals
- Minutes / Notes from the EU MS Programme Committee consulted as part of the evaluation process
- Minutes / Notes from the Evaluation committee
- Minutes / Notes from the consensus meetings
- Minutes / Notes from the negotiations
- Award Agreements
- Interim / (and where available) Final Reports of actions

The assessment of the 14 actions was an important data source for the study team in order to answer several of the evaluation questions (Annex 1). In addition, with this assessment PHEIAC aimed to add new and valuable information on the actions for DG SANCO. One important point is that for

the majority of the 14 actions, only Intermediate Reports had been produced and no final results had been achieved to date. Therefore, an assessment of the final outputs, outcomes and impact achieved by the action was not possible.

Areas assessed as part of the case studies included the following:

- Origins of the action (i.e. is it a follow-up to an action funded under the previous Public Health Programme under the DG RTD Framework Programme?)
- Action's overall objectives / Intervention logic (Input, expected outputs, expected aims/outcomes)
- Compatibility with the principles / objectives of the Health Strategy
- Relationship with other initiatives (international, EU, national, regional)
- Rationale behind the selection procedures
- EU added value (the evaluation team assessed the EU added value using and refining an approach suggested by the EAHC; see explanations under EQ 14 and in the Case Study Report, which is a separate document to this report).
- Dissemination
- Sustainability

The EAHC has developed seven ways on which to assess **European added value**, developed on the basis of the subsidiary principle and the Lisbon Treaty.[22] The evaluation team refined the assessment of EU added value for the 14 actions, which can be summarised as follows:

1. Refinement of the EAHC seven EU Added Value criteria;

2. Application of an assessment of the assessed action under each EU Added Value criterion;

3. Data are presented in aggregated form providing a "picture" of EU Added Value across the sample of 14 actions:

Dark Green: EU added value **almost certain**;
Light Green: EU added value **likely**;
Amber: EU added value **potentially**;
Red: **No** EU added value foreseen

4. Conclusions were drawn at Programme level based on the "picture" across the 14 Actions.

5. Recommendations on how future calls should be structured for applicants to consider more carefully the EU added value likely to result from their actions.

In addition, the evaluation team developed a table of **project success criteria**, taking into account a strategic document developed by the EAHC.[23]

The following criteria were included in the table of project success criteria:

- Well-defined and SMART objectives;
- Evidence base;
- Clear target groups;
- Clear dissemination plan;
- Estimated population reached / targeted by the action;

[22] The assessment criteria included (1) Implementing EU legislation; (2) Economies of scale; (3) Promotion of best practice; (4) Benchmarking for decision making; (5) Cross border threats; (6) Free movement of persons; (7) Networking. For further explanations, please refer to Evaluation Question 14 of the main report.

[23] Guy Dargent, "EU Health Programme evaluation" EAHC; provided to the evaluation team by Michel Pletschette.

- Matching of project's deliverables (if any) with project's objectives;
- Use of multipliers;
- Evaluation
- Sustainability plan

The 14 case studies have been assessed against these project success criteria, and the assessment is included in the case study document.

In addition, the study team has carried out interview with all 14 action leaders in order to gain further insights and an up to date report on how the action is progressing. More specifically, these interviews included issues on:

- Involvement of decision makers (design of project / exploitation of results)
- Dissemination strategies
- Sustainability
- Impact to be expected

The external experts on the evaluation team played a significant role in developing the approach to examining the 14 actions and have taken responsibility for quality assuring the final outputs of this exercise. In addition, PHEIAC has verified and confirmed the perceptions of action leaders with the relevant project officers in the EAHC who are responsible for the individual actions by sending them the case studies as well as the responses of action leaders.

Finally, the information collected during the case studies was inserted into an excel spreadsheet (see Annex 6) which allowed an overall assessment and comparison of financing mechanisms, topic areas, objectives and priority areas of actions funded under the Health Programme.

6.5 Interviews with external evaluators

The evaluation team also carried out interviews with five external experts responsible for the evaluation of proposals submitted for actions to be funded under the Health Programme. The purpose of these interviews was to get a better understanding of the selection procedures of proposals, given that the external evaluators are able to give an informed (and somewhat independent) opinion.

6.6 Problems encountered

The study has encountered the following challenges over the course of the evaluation:

Availability of information

Throughout the evaluation, the evaluation team was confronted with the absence of consolidated data necessary for the assessment of the Health Programme's implementation. The study team has collaborated closely with DG SANCO and the EAHC to speed up the process for complementing / updating the mapping database in order to provide an overview of the Programme implementation in the first three years as originally requested by DG SANCO in the TOR.

Availability of interviewees

In a few cases (in particular in terms of representatives of NGOs as well as MEPs), the evaluation team has experienced difficulties trying to reach certain proposed interviewees, mainly due to their

limited availability. The evaluation team liaised with DG SANCO with regard to the selection of alternative interviewees.

Actions still ongoing

Given that this is a mid-term evaluation, most actions funded under the Health Programme 2008-2013 are still ongoing. Therefore, relevant information to determine the state of actions, such as Interim- and Final Reports, were not yet available, which made it difficult for the evaluation team to make an assessment on the outputs, results, outcomes and impacts of these actions.

7 ANALYSIS OF COMPARABLE INITIATIVES

7.1 Introduction

Over the course of the evaluation, the evaluators collected information on the following four programmes in the public health domain:

- The Health Theme of the 7th Framework Programme;
- Programme of Community action in the field of consumer policy;
- Programme 'Drugs prevention and information'; and
- Programme 'Fight against violence' (Daphne 3).

The data collected through desk research and through the interviews with EAHC officials, HP Policy Committee members, related non-governmental organisations and other stakeholders was compiled in a table (See Annex 7). The evaluators focused on operational and financial aspects of the programmes (e.g. financial mechanisms, size of budgets, frequency of the calls, monitoring processes etc.) as well as content (e.g. programme objectives, types of projects funded etc.). Please see Annex 7 for an overview of the information collected for each programme.

7.2 Main features reviewed

- **Objectives**: Three of the four initiatives compared, the Health Theme under FP7, the Programme 'Drugs prevention and information' and the Programme 'Fight against violence', follow objectives similar to those of the Health Programme, i.e. objectives that focus on the health and well-being of citizens. The objectives of the Health Theme under FP7 are much broader than those of the other programmes under assessment as they focus on cross-cutting health issues. The objectives of the 'Drugs prevention and information' and Daphne 3 programmes on the other hand are more defined than those of the Health Programme, as they specifically relate to particular areas of health (i.e. drug abuse and violence). Similarly, the Programme of Community action in the field of consumer policy follows objectives related to consumer protection, including consumer safety, and is therefore also concerned with a particular area of health.

- **Management**: The management of these complementary health programmes funded by the Commission is the responsibility of different DGs. DG RTD manages the 7th Framework Programme in the field of Research, including those actions funded under the Health Theme. DG SANCO manages the Programme of Community action in the field of consumer policy. DG JLS manages the two drug-related programmes.

- **Year launched**: The current editions of the four programmes under assessment were all launched in 2007 and run for a period of 6 years, until 2013. In terms of their predecessor programmes:

    - The EU's First Framework Programme in the fields of Research and Technological Development was launched in 1984, and there have been seven editions of the programme to date.

    - The Community action in the field of consumer policy (2007-2013) replaces the previous programme running from 2004-2007.

    - The Programme 'Drugs prevention and information' (2007-2013), which is part of the General Programme 'Fundamental Rights and Justice', is transiting its first edition, though the EU has launched a number of initiatives in its fight against drugs.

    - The Daphne 3 Programme (2007-2013) carries on from its predecessor programmes Daphne (2000-2003) and Daphne II (2004-2008).

- **Budget**: The Health Theme under FP7 has a substantially higher budget than those of the other programmes, i.e. it is 18 times larger than the budget of the current EU Health Programme. The budget allocations for the other three programmes under assessment are lower than those of the EU Health Programme, i.e. the EU Health Programme budget is double that of the Programme of Community action in the field of consumer policy; and triple the size of Daphne 3. It is also much higher than the budget of the 'Drugs prevention and information' Programme.

- **Size and frequency of grants**: All programmes under assessment launch their calls for proposals on an annual basis (in some cases there are two or more calls per year). The duration, size and co-funding amount of the grants vary according to the type of funding instrument.

- **Number of Member States covered**: All programmes under comparison are open to all EU Member States and associated countries. The Programme of Community action in the field of consumer policy, the Programme 'Drugs prevention and information' and the Programme 'Fight against violence' (Daphne 3) also accept applications from candidate countries. The Health Theme under FP7 has the broadest geographical scope in that it accepts applications from third countries worldwide under the International Cooperation strand.

- **Financing mechanisms**: In line with the size of the budget allocations, the Health Theme under FP7 and the EU Health Programme are the two programmes with the broader menu of funding schemes available for participants, including also large collaborative schemes with multiple partners. The other three programmes offer a more limited menu of financing mechanisms.

- **Monitoring and evaluation arrangements**: All initiatives have certain monitoring and evaluation arrangements in place:
    - EU Health Programme: Independent, external mid-term evaluation of the programme currently underway. Participants of funded actions are also expected to comply with a number of reporting standards.
    - The Health Theme under FP7: Independent, external interim and ex-post evaluations of FP7 as a whole. Participants of funded actions are also required to submit periodic and final scientific and financial reports to the Commission documenting progress and achievements.
    - Programme of Community action in the field of consumer policy: The Commission has undertaken a mid-term evaluation three years into the programme, i.e. at the beginning of 2010, and will undertake another evaluation at the end of the programme in 2013.
    - Programme 'Drugs prevention and information': Internal M&E system. The Commission also ensures a regular independent external evaluation of the programme, and presents to Parliament and the Council.
    - Programme 'Fight against violence' (Daphne 3): The Commission will regularly monitor the implementation of the programme through the examination of final reports submitted by the beneficiaries and, where required, by on-the-spot monitoring. Projects will be monitored throughout their life cycle. The Commission will further ensure the regular, independent, external evaluation of the Programme.

- **Types of projects supported:** In general, the different programmes under assessment support a variety of projects involving networking, training, research, organisation of events, dissemination, surveys, studies, mobility actions, etc. In this particular case, even those programmes with comparatively lower budgets seem to encourage a wide diversity of projects, so there does not appear to be such a direct relationship between budgetary allocation and types

of projects supported. There is however a strong link between the budget and the size of projects supported. The larger the budgetary allocation of a programme, the larger the size of projects funded under that programme.

- **Complementarity with EU Health Programme:** The evaluation team also looked at the **complementarity** of the programmes under assessment with the EU Health Programme. Complementarity can be understood as efforts involving independent approaches or overall strategies to confirm, overturn, or extend particular research findings. It depends on reaching the same or very similar conclusions by taking different approaches.

  Overall it can be said that all programmes under assessment seem to have a limited degree of complementarity with the EU Health Programme. The Health Theme under FP7 is the one that is the most compatible with the EU Health Programme, as both cover a broad menu of topics in the health field (see section 8 for further details). As the other programmes are more focused on specific areas, they complement specific strands or projects under the EU Health Programme, but there is a lack of match with others. The degree of complementarity of the Health Programme with these other programmes can therefore be considered as medium.

8 CONSISTENCY / COMPLEMENTARITY WITH FP7 HEALTHCARE STRAND

Health is a major theme of the specific programme on Cooperation under the Seventh Framework Programme, with a total budget of **€ 6.1 billion** over the duration of FP7 (2007 to 2013). The objective of health research under FP7 is to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, while addressing global health issues.

The evaluation has examined the **third pillar under FP7 funded health research**, "Optimising the delivery of health care to European citizens", as it is most closely related and relevant to the Health Programme. It endeavours to bring the results of health research to the benefit of European citizens, in particular through benchmarking, comparisons, and analysis of models, systems and data.

The activity is made up of three subareas, focusing on

- a) **the translation of clinical research outcomes into clinical practice (e.g. patient safety or benchmarking)**: The main objectives are to better understand clinical decision making and to establish the appropriate use of behavioural and organisational interventions, new health therapies and technologies that are evidence-based. Projects should advance the application of evidence-based medicine in Europe, and findings should be scientifically validated in different settings and be applicable beyond the national level.
- b) **quality, efficiency and solidarity of health care systems**: This research should enable countries to promote more efficient and accessible high-quality health care services in Europe by encouraging learning from the experience of others while taking into account national contexts and population characteristics. The focus is on organisational, financial and regulatory aspects of health systems.
- c) **enhanced health promotion and disease prevention**: This area aims to develop evidence for effective public health interventions addressing wider determinants of health, such as diet, tobacco or alcohol use and socioeconomic, environmental, and behavioural factors, on both the individual and community level.

According to the Annual Work Plans, the principal target users of the new knowledge generated by FP7's healthcare strand within the Commission include the *Directorate-General for Health and Consumer protection* and the *Directorate-General for Employment, Social Affairs and Equal Opportunities*. In particular, the research undertaken is expected to generate scientific evidence to meet the objectives of DG SANCO's Health Programme (2008-2013). The principal target users outside the Commission include the Member States (Health Ministries and Public Health Institutes), the WHO (both Headquarters and the Regional Office for Europe), the OECD as well as clinicians, service providers, patients and other stakeholders.

8.1 Translating the results of clinical research outcome into clinical practice including better use of medicines, and appropriate use of behavioural and organisational interventions and new health therapies and technologies

In this subarea, special attention is given to patient safety, including adverse effects of medication: to identify the best clinical practice; to understand decision making in clinical settings in primary and specialised care; and to foster applications of evidence-based medicine and patient empowerment. Focus is on the scientific benchmarking of strategies; investigating outcomes of different interventions including medicines, scientifically tested complementary and alternative medicines, and new health therapies and technologies taking into consideration prescription strategies, some aspects of pharmacovigilance evidence, specificities of the patient (e.g. genetic susceptibility, age, gender and adherence) and cost benefits. The following table provides an

overview of the priority topics of this subarea of the 3rd pillar of FP7's healthcare strand, as specified in the Annual Work Programmes for the time frame 2008-2010:

Table 2 – Priority topic areas in the AWPs for first subarea

2008	2009	2010
Implementation of research into healthcare practice	Patient Safety: Effective implementation of prevention strategies for healthcare associated infections	Better understanding of dissemination and implementation strategies
Self-medication and patient safety	Improve quality and safety of hospital care	
Patient Safety Research Network	Complementary and Alternative Medicine	
Improving clinical decision making	Improved treatment of chronic diseases in developing countries	
Better use of medicines	Strategies and interventions for improving reproductive health	
Continuity of clinical care		
Patient self-management of chronic disease		

8.2 Quality, efficiency and solidarity of health care systems including transitional health systems

In this subarea, projects should advance the state of the art in the field of health systems research and enhance cooperation between researchers in Europe and other geographic regions to promote integration and excellence of European research in the field. This research should develop the scientific evidence base that supports the Member States to better organise their health systems according to the common principles of equity, solidarity, and universality. The knowledge generated should empower the policy and decision maker to better manage and reform health care systems in view of common challenges and within the common framework of the European Union. The following table provides an overview of the priority topics of this subarea of the 3rd pillar of FP7's healthcare strand, as specified in the Annual Work Programmes for the time frame 2008-2010:

Table 3 - Priority topic areas in the AWPs for second subarea

2008	2009	2010
Evaluation of disease management programmes	Organisation of dementia care	Financing systems' effect on quality of healthcare
Health systems and long term care of the elderly	Healthcare outcomes and cost-benefits	Risk adjustment algorithms for better health insurance coverage
Mobility of health professionals	Primary care quality linkage to costs	
Health care human resource planning in nursing	Impact of cross border collaboration on health services	

2008	2009	2010
Clinician working time and patient safety	Research access to comparable healthcare data	
Trends of population health	Scoping study to address the methodological challenges of quantifying the socio-economic burden of brain diseases in the enlarged European Union compared to other major diseases	
European system of Diagnosis-Related Groups (DRG)		

8.3 Enhanced health promotion and disease prevention

In this subarea, projects should advance the state of the art in the field of health promotion and primary prevention research and enhance cooperation between researchers in Europe and other geographic regions to promote integration and excellence of European research in the area. This research should provide the evidence base to empower the individual to change and sustain healthy behaviour and the policy and decision makers at European, national and local level to develop and implement effective public health interventions and incorporate health goals in the definition and implementation of all policies. Findings should be applicable to the general population and be validated in different settings, translating research into practice. Where applicable, scientific methodologies, allowing tools for benchmarking and comparative analysis at the European level, will be considered an asset. The following table provides an overview of the priority topics of this subarea of the 3rd pillar of FP7's healthcare strand, as specified in the Annual Work Programmes for the time frame 2008-2010:

Table 4 - Priority topic areas in the AWPs for third subarea

2008	2009	2010
Promoting healthy behaviour in children and adolescents.	Child and adolescent mental health	**N/A**
Interventions addressing the gradient of health inequalities	Environmental prevention of substance abuse by adolescents	
Public health interventions addressing the abuse of alcohol	Ageing cohorts	
Evaluation of suicide prevention strategies across and within European countries	Birth/Mother - Child Cohorts co-ordination	
Improve vaccination coverage	European child health research platform	

8.4 Consistency and complementarity with the HP objectives

The evaluation also looked at the **consistency** and **complementarity** of the FP7 healthcare strand with the objectives of the Health Programme, as there might be a risk of funding duplications, or the opportunity for a synergetic approach.

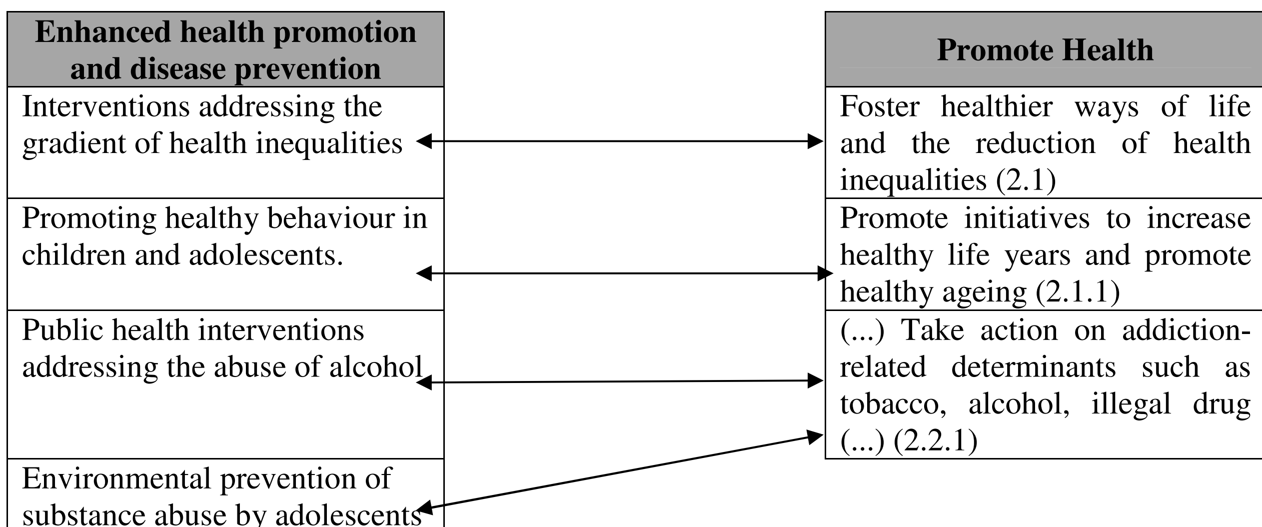
DG SANCO's Health Programme and DG RTD's health research under FP7 have different objectives and target groups. While DG SANCO's Health Programme seeks to support the mainstreaming of health objectives in all Community policies and activities, the objective of health research under FP7 is to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, as well as address global health issues. Both programmes differ significantly in terms of budget: **321.5 million Euros** are allocated for the Health Programme, compared to **€ 6.1 billion** for the specific programme on Cooperation under FP7.

In addition, DG SANCO's Health Programme is designed to fund concrete public health interventions rather than research projects, which constitutes one of the main differences between the two programmes. In this context, stakeholder interviews undertaken as part of this study revealed that the Health Programme's results are expected to initiate research in a certain health area, which could then be taken up and be further developed under FP7. An early example for this progression was cited as research on health indicators, which developed from being a topic under the Health Programme to then being taken up by FP6.

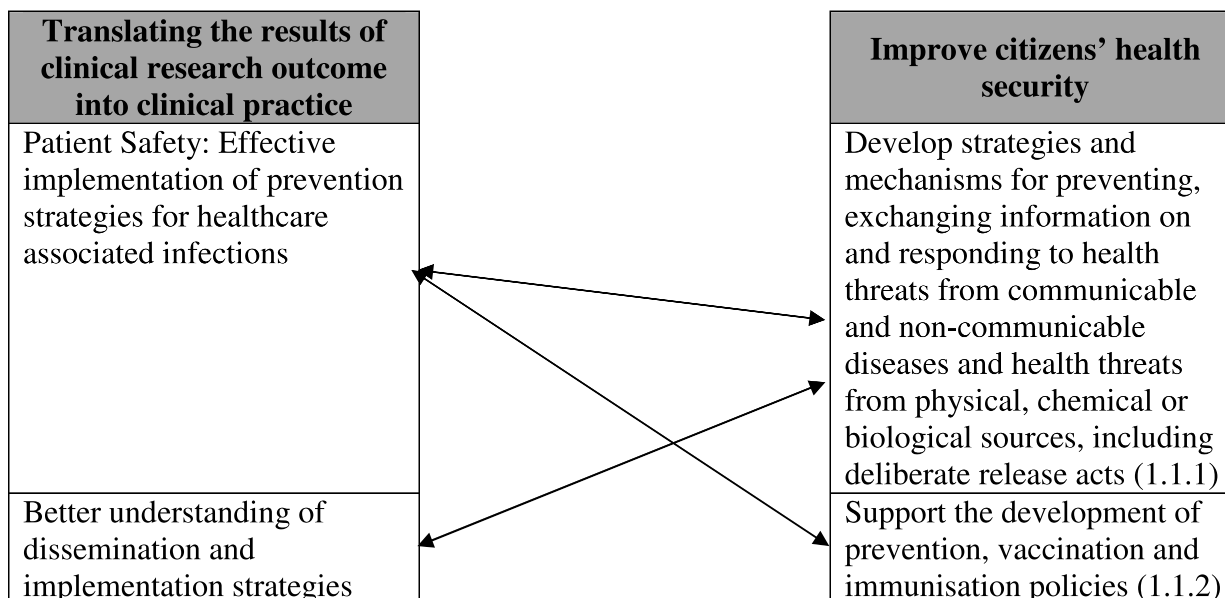
The interviews also suggested that the health strand under FP7 was designed and structured with the Health Strategy and the Public Health Programme in mind although no concrete examples were provided. One interviewee also pointed out that parts of FP7 may have influenced the Health Strategy when it was amended in 2008. Topics such as "ageing" and "health systems" were included in the revised Health Strategy both of which were already part of FP7. These findings suggest that there is a certain degree of complementarity between the Framework Programmes and the Health Strategy and Health Programme.

When comparing the objectives and activities of the FP7 strand "Optimising the delivery of healthcare to European citizens" with those of the Health Programme, there appears to be scope for mainstreaming in some areas.

The third subarea of the FP7 healthcare stream, "Enhanced health promotion and disease prevention", appears to be consistent with some of the Health Programme's priority areas under the "Promote Health" objective. The diagram below highlights these consistencies:



In addition, there is some consistency between activities funded under the first subarea "Translating the results of clinical research outcome into clinical practice" of the FP7 healthcare stream and the HP's objective "Improve citizens' health security". This concerns the following two priority actions of the Health Programme in particular:



There do not appear to be many consistencies between the activities under the second subarea of the FP7 health stream, "Quality, efficiency and solidarity of health care systems including transitional health systems" and the objectives of the Health Programme, given that the FP7 healthcare stream activities are quite specific and concern concrete health topics. The projects funded under the FP7 healthcare objectives are supposed to advance the state of the art in the field of health systems research and enhance cooperation between researchers in Europe and other geographic regions to promote integration and excellence of European research in the field. Thus, on a broad level, the HP priority area "Exchange knowledge and best practice on health issues within the scope of the Programme (3.1.1)" under the "Generate and disseminate health information and knowledge" (3.1) objective is consistent with the FP7 healthcare stream activities in this respect.

8.5 Creation of more synergies

Only one concrete example of a synergy was identified during the stakeholder interviews (as described above), which was an action funded under the Health Programme on health indicators, which was then taken up by FP6 health strand. However, given that several thematic consistencies and complementarities could be identified between the FP7 healthcare theme and the objectives and priority actions of the Health Programme, there seems to be scope for the creation of more synergies between the two programmes and the activities they fund. In this context, results of actions funded under the Health Programme could initiate more research in a certain health area, while concrete research results of FP7 funded projects in certain health areas could complement and further develop actions funded under the Health Programme that concern the development of strategies in a certain health area. However, these synergies are dependent on effective information exchange between researchers, as well as an information exchange between DG Research and DG SANCO. Shared knowledge of topic areas funded under the FP7 healthcare stream and the Health Programme would reduce the risk of overlap and would enable researchers to build on the consistencies and complementarities. Closer cooperation between DG RTD and DG SANCO could potentially lead to more effective dissemination of project results to the benefit both programmes and the European Commission as a whole.

9 OVERVIEW OF THE FIRST THREE YEARS OF THE HP's IMPLEMENTATION

9.1 Mapping exercise

The following section presents the findings of the mapping exercise undertaken by the evaluation team. The original mapping was based on a database of actions funded in 2008, 2009 and 2010, which was provided by the EAHC to PHEIAC on 8th March 2011. The following section has been revised, using updated figures which the evaluation team received from DG SANCO on 8th April 2011 and 15th June 2011, as well as using information collected through direct interaction with the EAHC and DG SANCO.

9.1.1 Planned budget allocation vs. actual budget spent

The following table provides an overview of the planned budget allocation per financing mechanism according to the Annual Work Programmes 2008, 2009 and 2010.[24]

Table 5 – Planned budget allocation according to Annual Work Programmes 2008-2010

	Budget allocation in € in 2008	Budget allocation in € in 2009[25]	Budget allocation in € in 2010[26]	Total Budget Allocation in € for all years
Projects	28,541,003	24,130,500	16,300,000	68,971,503
Tenders	9,300,000	9,652,000	7,864,640	26,816,640
Joint Actions	2,300,000	7,239,000	16,000,000	25,539,000
Operating Grants[27]	2,300,000	2,500,000	2,000,000	6,800,000
Conferences	700,000	1,100,000	850,000	2,650,000
Direct Agreements[28]	2,300,000	2,300,000	2,600,000	7,200,000
Special Indemnities for Scientific Committees	254,000	270,000	270,000	794,000
JRC	0	0	1,100,000	1,100,000
Subdelegation Eurostat / Regio / SCIC	700,000	200,000	0	900,000
Credits not allocated		869,500[29]		869,500

[24] Please note that the figures illustrate the operating budget specified in the AWPs 2008, 2009 and 2010, not taking into account the administrative budget in those years. Overall, the budget allocations for 2008, 2009 and 2010 were somewhat higher according to the AWPs. The Annual Work Plan for 2008 set out a total budget of 47.8 million Euros, the Annual Work Plan for 2009 established a total budget of 49.8 million Euros, and the Annual Work Plan 2010 (approved in December 2009) set out a total budget of 48.4 million Euros.

[25] According to DG SANCO, for 2009 an additional € 4,046,000 were received at year end as a consequence of the H1N1 pandemic. The money was used for procurements (tenders FC).

[26] Taking into account the revision of the AWP 2010, 2010/C 358/04, 22 December 2010.

[27] New operating grants specifically mentioned in sections 3.2/3.3/3.4 and Renewal of operating grants awarded under the Work Plan 2009.

[28] Organisation for Economic Co-operation and Development (OECD), World Health Organisation (WHO), European Observatory on Health Policies and Health Systems, IOM, IARC, The Council of Europe (CoE).

[29] This additional amount was added to the table by DG SANCO, explaining that for 2009, there was a difference in the total allocated amount in the AWP and the actual total available amount, and that this amount (shown as "credits not allocated") was used for tenders.

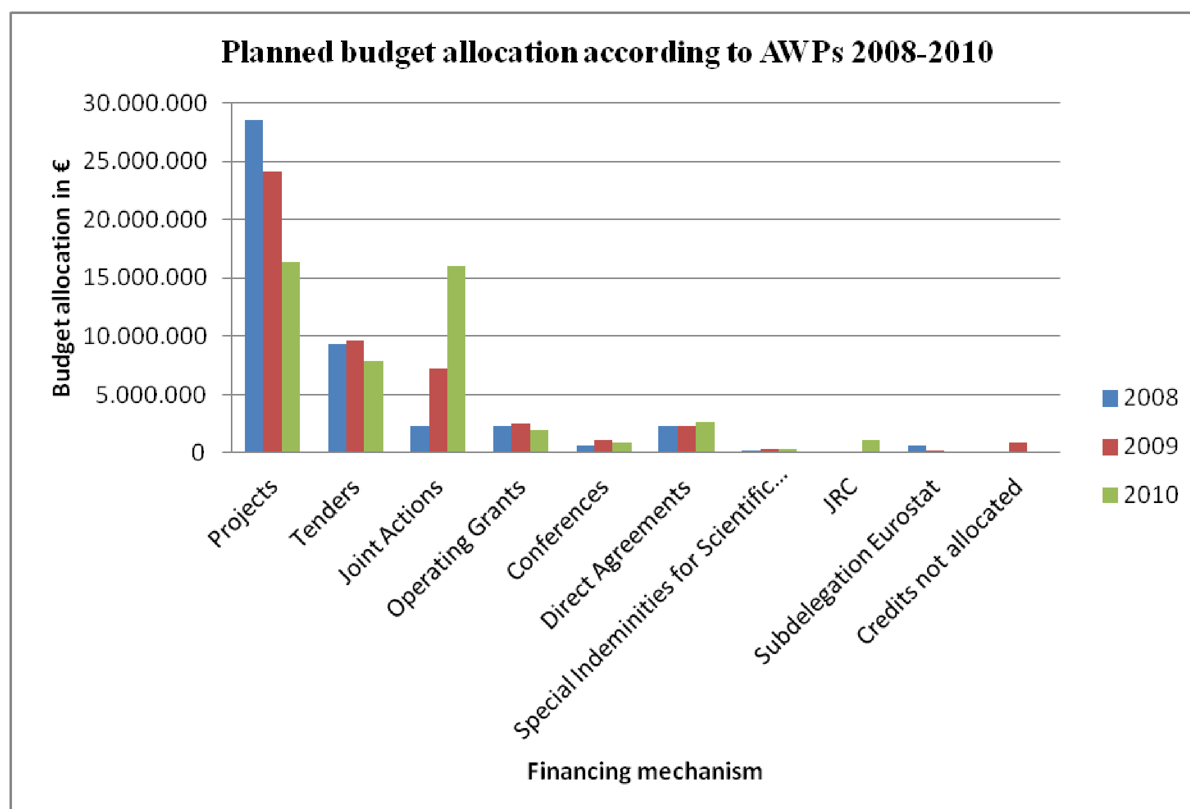
	Budget allocation in € in 2008	Budget allocation in € in 2009[25]	Budget allocation in € in 2010[26]	Total Budget Allocation in € for all years
Total	**46,395,003**	**48,261,000**	**46,984,640**	**140,771,143**

Source: TEP assessment of the AWPs 2008-2010; part of the data provided by EAHC, completed and validated by DG SANCO.

The table shows that overall, there was a slight increase in the budget allocation between 2008 and 2009, and a slight decrease between 2009 and 2010 for the different financing mechanisms indicated above.

However, when comparing the budget allocation per funding mechanism for the period 2008-2010, there has been a significant decrease of allocated budget for Projects between 2008 and 2010, while Direct Agreements, but especially Joint Actions, all have been allocated more money than was previously the case. Tenders have first had an increase in the budget allocated, and then, given that a number of calls for tenders initially planned were not successful and were not implemented in 2010[30], decreased in 2010. The following graph provides an overview of the budget allocated for each financing mechanism according to the AWPs (2008-2010).

Figure 6 – Planned budget allocation for each financing mechanism according to AWPs (2008-2010)



Source: TEP assessment of the AWPs for 2008-2010; data verified by DG SANCO

30 See Revision of the AWP 2010, 2010/C 358/04, 22 December 2010.

9.1.2 Actual allocation of budget

The following table provides an overview of the **actual** EC contribution per financing mechanism for the time frame 2008-2010. These figures are based on data received from DG SANCO and the EAHC.

Table 6 – EC contribution per financing mechanism (2008-2010)

	EC funding per financing mechanism 2008	EC funding per financing mechanism 2009	EC funding per financing mechanism 2010
Projects	28,301,269.80	24,449,772.70[31]	16,268,155.00
Tender	8,391,279.35	12,271,959.69[32]	7,868,311.05[33]
Joint Actions	2,247,634.66	6,711,770.80	15,930,751.30[34]
Operating Grants	2,110,721.70	2,488,061.40	2,322,774.00
Conferences	883,953.32	1,047,962.21	999,339.00
Direct Agreements	2,282,442.00	2,620,558.00	2,600,000.00
Special Indemnities for Scientific Committees	254,000	192,250	270,000.00
JRC	500,000	1,703,500	0
Subdelegation Eurostat / Regio / SCIC	652,764.54	0	426,940.00
Total	**45,624,047.37**	**51,485,834.80**	**46,686,270.35**

Source: Mapping database provided by the EAHC, completed by DG SANCO; some calculations by TEP

The amount of EC funding contributed to Projects reduced by 14% between 2008 and 2009. In the following year, contributions to Projects decreased even more, with a 33% reduction between 2009 and 2010. In comparison, Joint Actions have had a significant increase in funding – with contributions trebling from 2008 to 2009 and more than doubling again from 2009 to 2010. In addition, the funding contribution to Tenders increased by 46% between 2008 and 2009, and then decreased by 36% between 2009 and 2010. It has to be taken into account though that by the end of 2009, €4,046,000 were made available for Tenders in the light of the H1N1 pandemic, and that according to DG SANCO, an amount of €869,500 of credits not allocated was available in 2009, which was used for Tenders.

The graph below illustrates the changes of the financial contribution made by the European Commission per funding mechanism since 2008 in percentages.

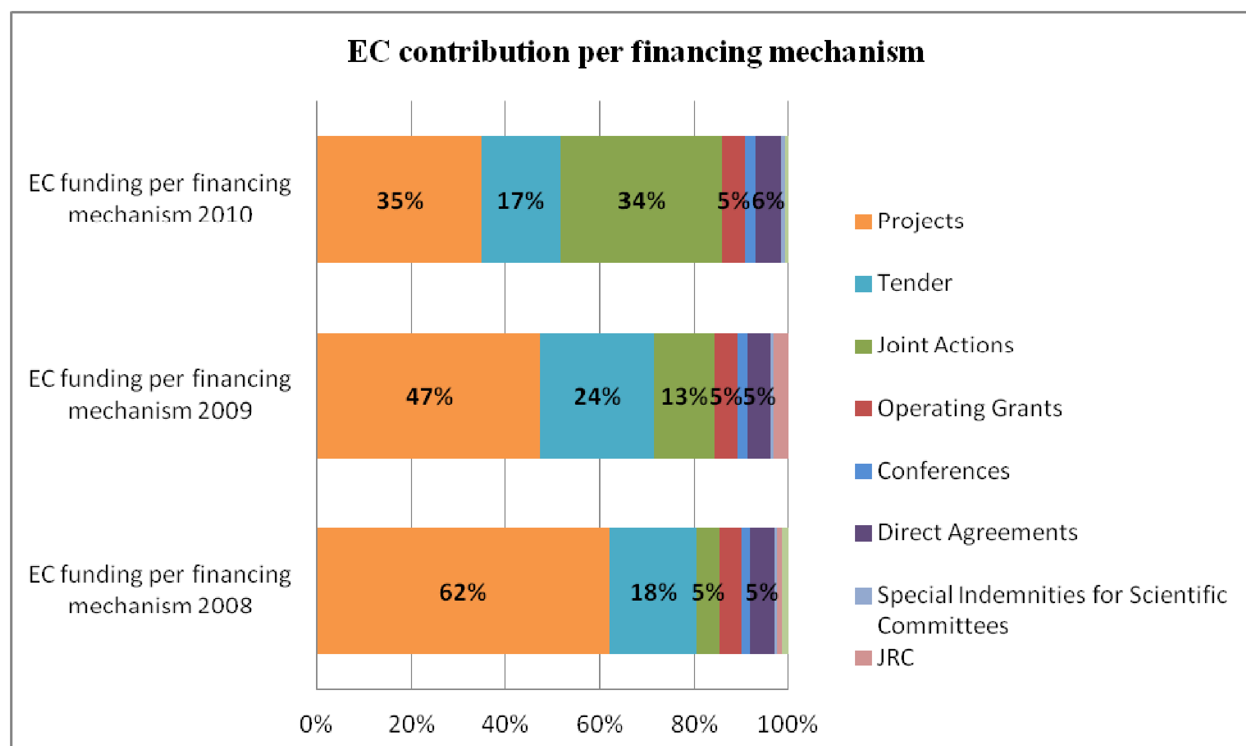
[31] This figure stems from the data received by the EAHC, but does not coincide with the EC funding amount for 2009 Projects brought forward by DG SANCO (€ 23,979,215). The difference can be explained by the difference of the amounts stated in the award decisions and the actual committed amounts.

[32] Of which €1,457,778.00 are EAHC tenders and €10,814,181.69 are DG SANCO tenders.

[33] Of which €2,522,876.50 are EAHC tenders and €5,345,434.55 are DG SANCO tenders.

[34] This figure stems from the data received by the EAHC, but does not coincide with the EC funding amount for 2010 Joint Actions brought forward by DG SANCO (€ 15,997,988). The difference can be explained by the difference of the amounts stated in the award decisions and the actual committed amounts.

Figure 7 – EC financial contribution per financing mechanism 2008-2010



Source: Mapping database provided by the EAHC, completed by DG SANCO; calculations made by TEP

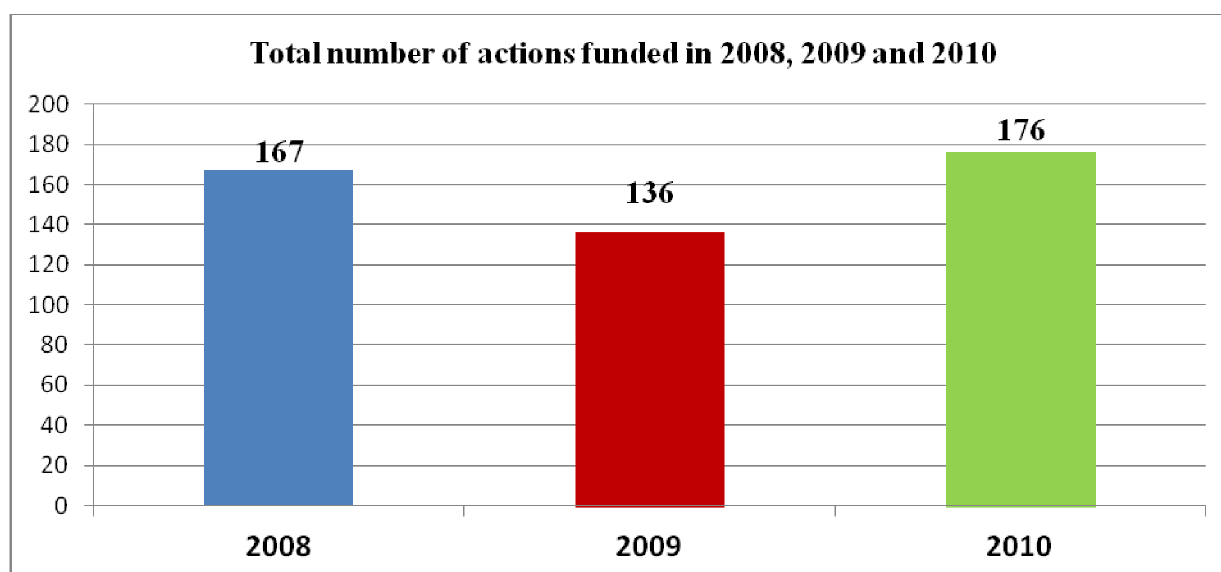
The graph above shows that there has been a significant reduction in funding for Projects from 2008 to 2010. Projects received 62% of the total amount available in 2008, falling to 47% in 2009 and to 35% in 2010. Tenders received 18% of EC funding in 2008, this increased to 24% in 2009, and then fell again to 17% in 2010. In comparison, Joint Actions made only up 5% of the total financial contribution in 2008, and by 2010 this had increased to 34%.

The total EC contribution to all financing mechanisms between 2008 and 2010 was approximately **EUR 143,796,152.52**. As stated above, it should be noted that negotiations for several 2010 actions were still ongoing at the time of this calculation, and therefore, the overall amount of the EC contribution for 2010, and hence the total EC contribution, might increase.

9.1.3 Actions funded (2008-2010)

In total, the assessment of the mapping database shows that 479 actions were funded in the time frame 2008-2010. This calculation includes actions funded under the financing mechanisms "Projects", "Tenders", "Direct Agreements", "Conferences", "Joint Actions" and "Operating Grants". It does not include scientific committees, JRC actions and actions for the ESTAT sub-delegation due to unavailability of data. For 2009 and 2010, this calculation includes both, tenders under the responsibility of DG SANCO and the EAHC. It has to be noted though that for 2010, negotiations for some actions are still ongoing, therefore the final number of actions funded in the timeframe indicated might still increase.

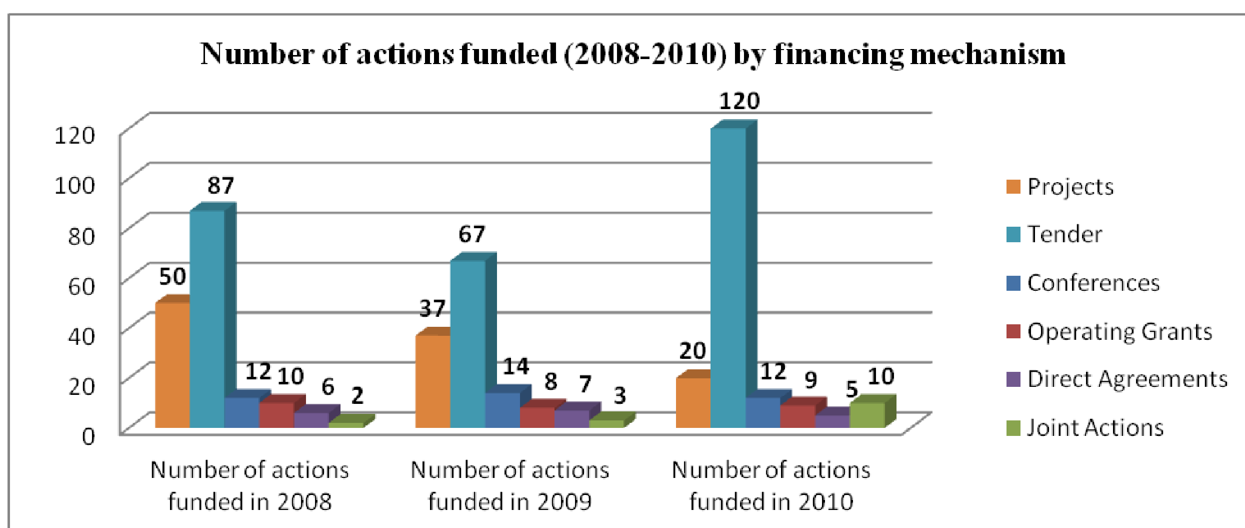
Figure 8 – Total number of actions funded in 2008, 2009 and 2010



Source: Mapping database provided by the EAHC, completed and validated by DG SANCO; calculations by TEP

Broken down by financing mechanism, the trend of a decreased budget for Projects can be illustrated in the number of actual Projects funded. However, quite the contrary is the case for Tenders: Despite an increase in the allocated budget between 2008 and 2009, fewer Tenders have been funded in 2009 than in 2008, and while there has been a decrease in the Tender budget between 2009 and 2010, more Tenders have been funded in 2010 than in the two previous years.

Figure 9 – Number of actions funded (2008-2010) by financing mechanism

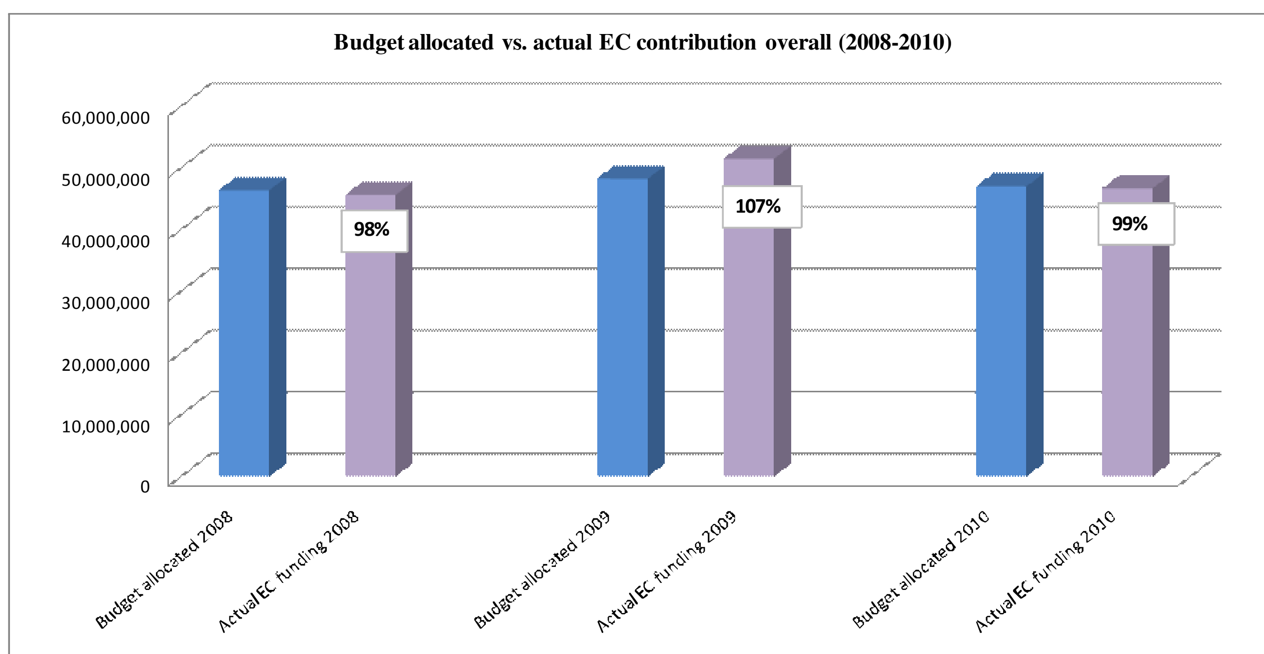


Source: Mapping database provided by the EAHC and DG SANCO; calculations by TEP

The graph below illustrates that there has been a significant increase of overall budget spent between 2008 and 2009, and a decrease between 2009 and 2010 to date. This goes in line with the overall budget allocated in the AWPs for each year.

9.1.4 Comparison planned budget allocation vs. Actual budget allocation

Figure 10 – Budget allocated (according AWPs) vs. actual EC contribution (2008-2010)



Source: Mapping database provided by the EAHC, completed and validated by DG SANCO; TEP calculations

As shown by the graph above, in 2008, 98% of the budget allocated was spent. In 2009, the allocated budget was slightly overspent[35] (107%), while in 2010, the budget has almost been reached with 99% of the allocated budget being spent to date. Thus, HP budget allocations have been fully exhausted over the last three years of the Programme.

Table 7 – Budget allocated vs. actual EC contribution per financing mechanism (2008-2010)

	Budget allocated 2008	Actual EC funding 2008	Budget allocated 2009	Actual EC funding 2009	Budget allocated 2010	Actual EC funding 2010
Projects	28,541,003.00	28,301,269.80	24,130,500.00	24,449,772.70	16,300,000.00	16,268,155.00
Tender	9,300,000.00	8,391,279.35	9,652,000.00	12,271,959.69	7,864,640.00	7,868,311.05
Joint Actions	2,300,000.00	2,247,634.66	7,239,000.00	6,711,770.80	16,000,000.00	15,930,751.30
Operational Grants	2,300,000.00	2,110,721.70	2,500,000.00	2,488,061.40	2,000,000.00	2,322,774.00
Conferences	700,000.00	883,953.32	1,100,000.00	1,047,962.21	850,000.00	999,339.00
Direct Agreements	2,300,000.00	2,282,442.00	2,300,000.00	2,620,558.00	2,600,000.00	2,600,000.00
Special Indemnities for Scientific Committees	254,000.00	254,000.00	270,000.00	192,250.00	270,000.00	270,000.00
JRC	0.00	500,000.00	0.00	1,703,500.00	1,100,000.00	0.00
Subdelegation Eurostat / Regio / SCIC	700,000.00	652,746.54	200,000.00	0.00	0.00	426,940.00
Credits not allocated			869,500.00			
Total	**46,395,003**	**45,624,047.37**	**48,261,000.00**	**51,485,834.80**	**46,984,640.00**	**46,686,270.35**

Source: Mapping database provided by the EAHC, completed and validated by DG SANCO; TEP calculations[36]

[35] This can be explained by the additional funding amounts available for Tenders in 2009, which were not in the budget that was originally foreseen. In addition, according to DG SANCO an increase of the annual budget of EUR 4 million (€ 4,046,000.00) was requested and obtained from the budgetary authority in the context of the Flu pandemic, thus the allocated budget amounted finally to € 52,3 million. Thus, 98% of the budget allocated was spent.

[36] Please note (as stated above): According to DG SANCO, an increase in the budget for 2009 was obtained for the Flu pandemic (€ 4,046,000).

In addition, when comparing the budget allocation vs. the actual EC contribution per financing mechanism, there has been little difference between actions funded and the allocated budget. In this context there is some flexibility of +/- 20% per financial mechanism within the Annual Work Plans.

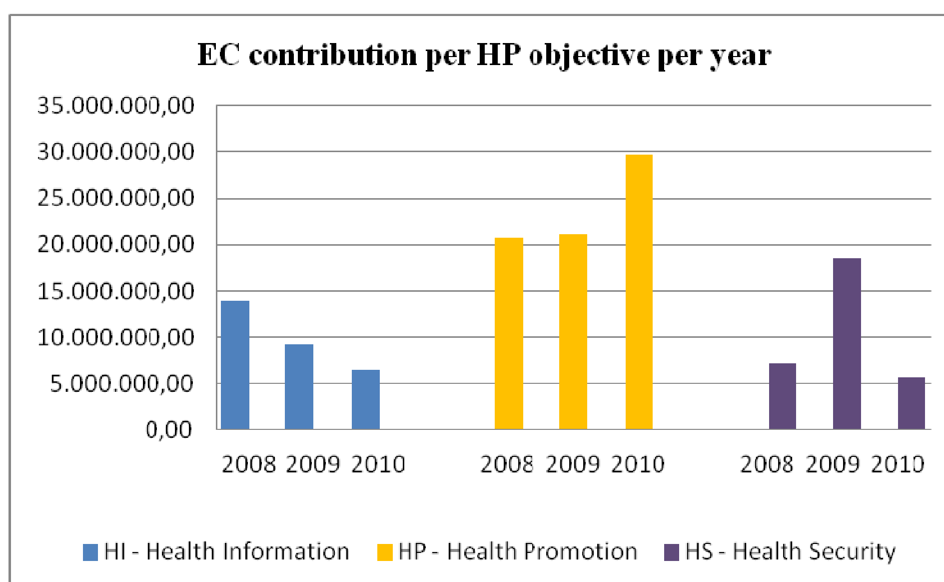
9.1.5 Actions' mapping with Health Programme objectives

The following graphs illustrate the overall EC funding amounts per HP objective for the period 2008-2010, as well as the number of the funded actions per financing mechanism for each of the Health Programme objectives ("Health Information", "Health Promotion" and "Health Security") from 2008 to 2010.

For the period 2008-2010, there has been a similar amount of funding in the period 2008-2010 for the "Health Information" and the "Health Security" objectives of the Health Programme. The EC funding for "Health Information" amounted to €34.7M, and for the "Health Security" objective, the EC's financial contribution came to €35.9M. The highest amount of funding for the period 2008-2010 was allocated to the "Health Promotion" objective with an EC contribution of €72.6M.

The following graph shows the overall funding allocation per HP objective for the period 2008-2010.

Figure 11 – Overall funding allocation per HP objective (2008-2010)

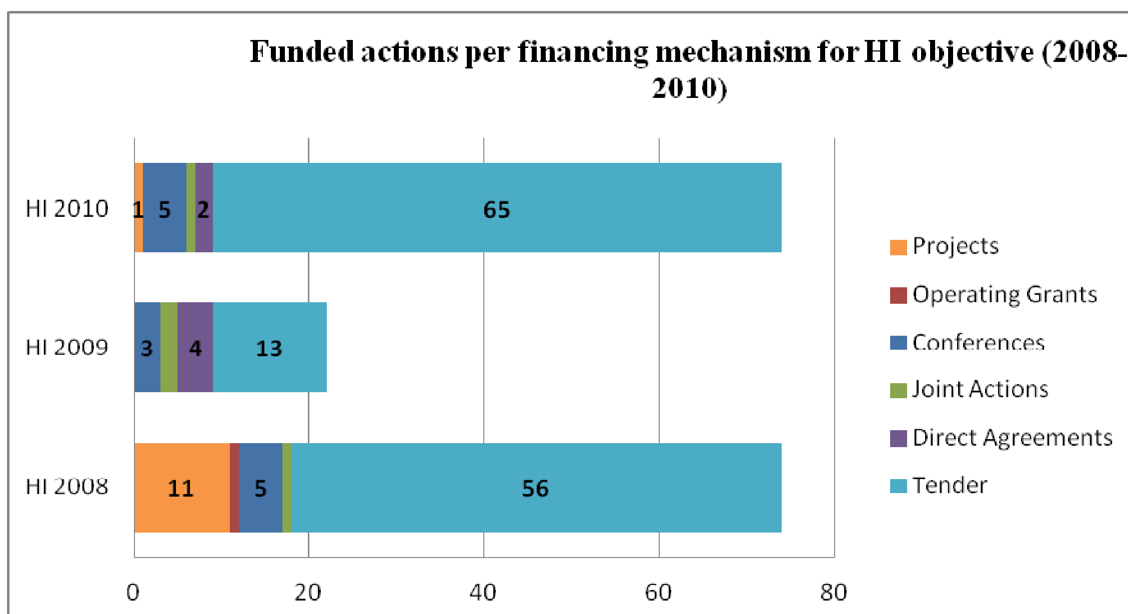


Source: Mapping information provided by DG SANCO and the EAHC; TEP analysis

The graph above illustrates the EC funding contribution per HP objective in the timeframe 2008-2010. It shows that for the "Health Information" objective, there has been a steady decrease of funding for actions operating in this area. In contrast, there has been a sharp increase for actions funded under the "Health Promotion" objective in the years 2008-2010. For the "Health Security" objective of the Health Programme, there was first an increase of actions funded under this objective between 2008 and 2009, and then a sharp decrease between 2009 and 2010. This picture might change though, given that funding contracts for actions are still being awarded for 2010.

The following graph illustrates the number of funded actions per financing mechanism for the "Health Information" objective of the Health Programme in the period 2008-2010.

Figure 12 – Funded actions per financing mechanism for HI objective 2008

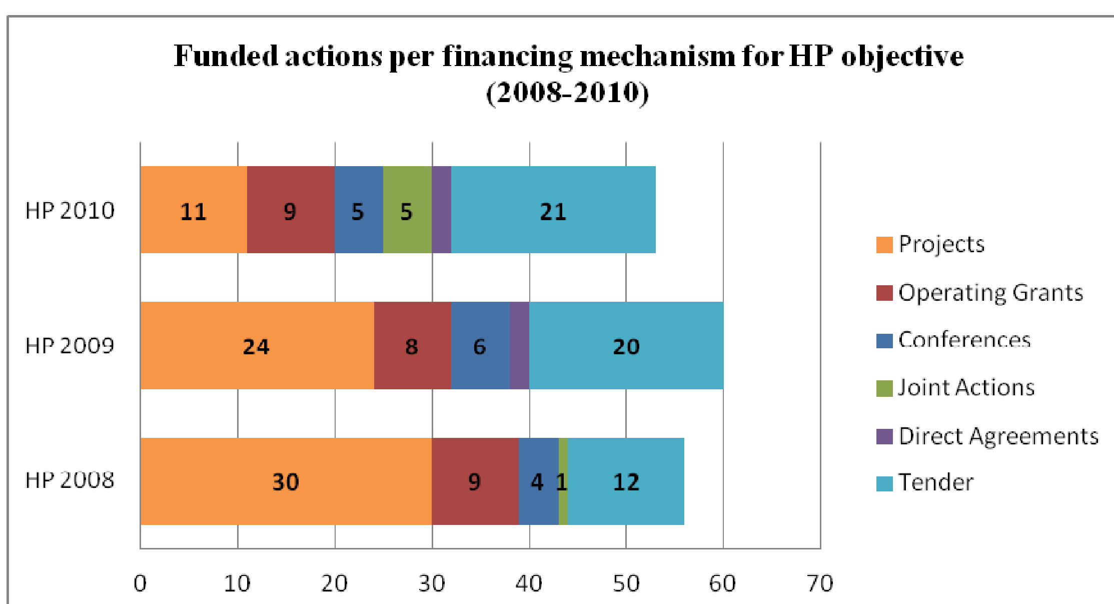


Source: Mapping database provided by the EAHC and DG SANCO; TEP analysis

The graph above shows that there has been a significant decrease of the number of Projects funded for the "Health Information" objective. Since 2008, where there were eleven projects financed, there has only been one other project funded (2010). In addition, the number of Tenders funded under the HI objective has significantly reduced in 2009, but has then increased to 65 Tenders in 2010. The number of Conferences funded has remained steady while the number of Direct Agreements increased from zero to four between 2008 and 2009, and then decreased to two in 2010.

The following graph illustrates the funded actions per financing mechanism for the "Health Promotion" objective of the Health Programme.

Figure 13 – Funded actions per financing mechanism for HP objective

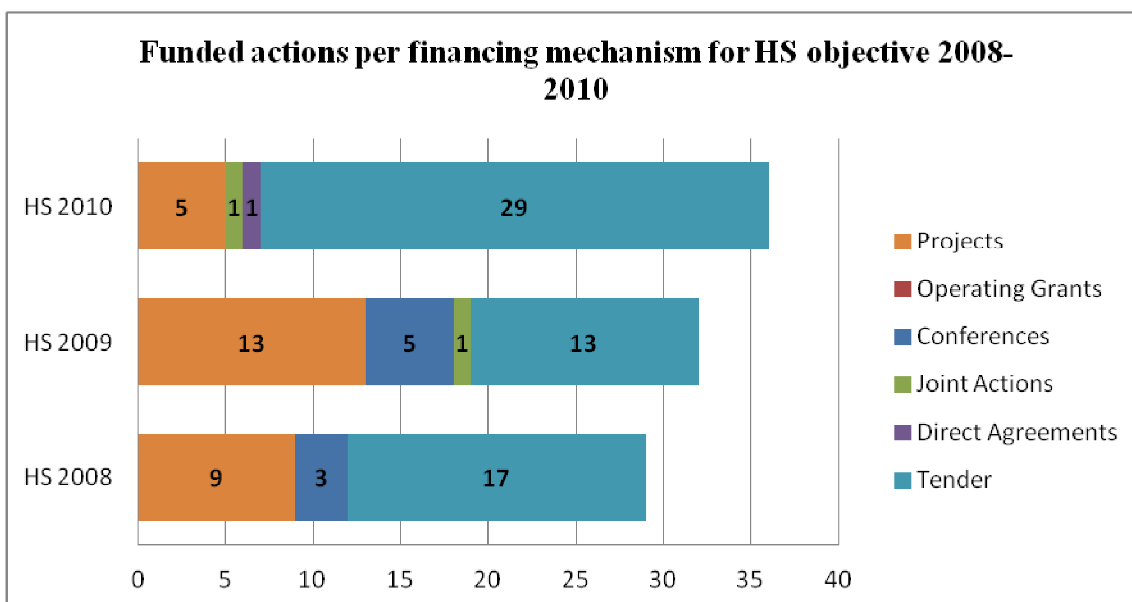


Source: Mapping database provided by the EAHC and DG SANCO; TEP analysis

The graph above illustrates that there has been a decrease in the number of Projects funded under the objective "Health Promotion", while the number of Operating Grants and Conferences funded has remained steady over the 2008 to 2010 period. The number of Tenders funded under the HP objective has been steadily increasing.

The following graph provides an overview of the funded actions per financing mechanism for the "Health Security" objective of the Health Programme.

Figure 14 – Funded actions per financing mechanism for HS objective 2008-2010



Source: Mapping database provided by the EAHC and DG SANCO; TEP analysis

Contrary to the previous graphs, the graph above shows that there was an increase of Projects funded under the Health Programme's objective "Health Security" between 2008 and 2009, but then a significant decrease from 2009 to 2010. It also seems that only one Direct Agreement and no Conferences have been funded under the HS objective in 2010, however some actions are still under negotiations for this year. Then number of Tenders funded under the HS objective has first decreased from 17 to 13 between 2008 and 2009, and then significantly increased to 29 Tenders funded under the HS objective in 2010.

PHEIAC has also undertaken a mapping exercise to determine the extent to which the funded actions match with the Health Programme's sub-actions. This assessment is based on the information in the mapping database provided by the EAHC, taking into account the number of and EC contribution to the actions funded under the different financing mechanisms in the period 2008-2010. As stated above, it has to be noted that for 2010, some actions were still under negotiation when this exercise was undertaken, and they are therefore not included in these calculations.

The table below provides an overview of the number of actions under each financing mechanism (except Tenders) by sub-action of the Health Programme 2008-2013.

Table 8 – Number of actions funded under the different financing mechanisms by HP sub-action

Sub-action HP 2008-2010	Conf	OG	JA	DA	Tender	Proj
1.1 Protect citizens against health threats						3
1,1,1 Develop strategies / mechanisms for preventing, exchanging information on and responding to health threats			1	1	3	1
1,1,1 1,1,2	1					2
1,1,1 1,1,2 1,1,3					1	
1,1,1 1,1,2 1,1,3 1,1,5						1
1,1,1 1,1,2 1,1,5						2
1,1,1 1,1,3 1,1,4 1,1,5					1	
1,1,1 1,1,3 1,1,5	2					
1,1,1 1,1,4						2
1,1,1 or 1,1,4					1	
1,1,2 Support the development of prevention, vaccination and immunisation policies					2	1
1,1,3 Develop risk management capacity and procedures					15	
1,1,3 1,1,5						
1,1,4 Promote cooperation and improvement of existing response capacity and assets					4	
1.2 Improve citizens' safety						7
1,2,1 Support and enhance scientific advice and risk assessment by promoting the early identification of risks			1		35	
1,2,2 Help to enhance the safety and quality of organs and substances of human origin			1	2	9	3

Sub-action HP 2008-2010	Conf	OG	JA	DA	Tender	Proj
1,2,3 Promote measures to improve patient safety through high-quality and safe healthcare						5
2,1,1 Promote initiatives to increase healthy life years and promote healthy ageing		1			4	4
2,1,2 Support initiatives to identify the causes of health inequalities between Member States	2		2		6	2
2,2,1 Address health determinants to promote and improve physical and mental health	6	15		4	40	48
2,2,2 Promote action on the prevention of major diseases of particular significance	5	7	5	2	2	10
2,2,3 Address the health effects of wider environmental determinants					4	2
2,2,4 Promote actions to help reduce accidents and injuries	2			1		2
3,1,1 Exchange knowledge and best practice on health issues within the scope of the Programme	3	1	1	2		4
3,1,2 Support cooperation to enhance the application of best practice between Member States	2					
3,2,1 Develop a sustainable health monitoring system	1		4	1	58	7
3,2,2 Develop mechanisms for analysis and dissemination				5	78	1
3,2,3 Provide analysis and technical assistance					8	
CONF 2008	1					
CONF 2009	2					
CONF 2010	5					
CONF P	6					
OG 2010 HEALTH		3				
Other					3	
Total	**38**	**27**	**15**	**18**	**274**	**107**

Source: Mapping database provided by the EAHC and DG SANCO; calculations by TEP

The table above shows that the actions funded are widely spread among the different Health Programme actions and sub actions. An equal number of actions (176 each) cover the Health Programme's objectives "Promote health" (2.) and "Generate and disseminate health information

and knowledge" (3.). In addition, the highest number of actions (113) has been funded under the sub-action "Address health determinants to promote and improve physical and mental health" (2,2,1). In comparison, very few actions (13) have been funded under the sub-actions "Exchange knowledge and best practice" (3.1).

10 SUMMARY OF THE CASE STUDY ASSESSMENT

The case studies undertaken represent a spread across the different financing mechanisms of the Health Programme:

Financing mechanism	Number of case studies undertaken	Action acronym
Conferences	2	5ECCSRAD, UNAIDS
Direct Agreements	1	OECD Health Data
Joint Actions	2	JA FOR ECHIM**, NANOGENOTOX
Operating Grants	2	Aids Action Europe, EURORDIS_FY_2010**
Projects	6	EFRETOS, EFHRAN, RADPAR, EURONEOSTAT II**, CLUB HEALTH, Take Care
Tenders	1	VITO NV
Total:	**14**	

**Three of the actions assessed were follow-up actions of activities funded under the previous Health Programme (2003-2007).

Most actions still ongoing, only preliminary assessments possible

While Interim Reports were available for 12 of the actions, only 4 actions had come to an end and Final Reports were provided to the evaluation team (Aids Action Europe; 5ECCSRAD; Eurordis_FY_2010; in the case of VITO NV, a Final evaluation Report by the EC was also made available).

Therefore, the evaluation team has only been able to make a *preliminary assessment* of the outputs, outcomes and especially the impact that actions will generate.

Objectives of actions fully in line with HP objectives

The actions assessed covered all three objectives of the Health Programme:

HP Objectives	Case studies
HS	4
HP	7
HI	3

The objectives of all actions that form part of the case studies were fully aligned to the objectives of the Health Programme, and also with various HP priority actions. This alignment is to some extent guaranteed by the requirement in the "Key specifications" section of the application form for proposals to outline under which objective the action falls.

Actions based on robust evidence, though to varying extents

The case study exercise showed that all actions assessed have been based on pre-existing evidence, though to varying extents. There is scope for improvement in terms of the provision of more extensive insights into this evidence for a number of actions and their alignment with developments

at the European and international level, i.e. OECD Health Data, EuroNeoStat II, Take Care, JA for ECHIM and Club Health. Two of these actions that could have provided clearer insights into their “evidence base” are follow-up activities of actions funded under the previous Health Programme (2003-2007). This suggests that action leaders might either not have received feedback on their previous proposals from which they could have learned, or that the fact that actions are follow-ups to previous activities was evidence enough for them to be selected for funding.

As part of the case study assessment, the evaluation team also undertook an examination of public health interventions / activities related to the actions’ topics and fields of activity. This analysis has shown that all actions assessed address issues that constitute public health concerns in EU Member States as well as internationally, and complement activities at national, EU and/or international levels. No significant overlaps or duplications with other existing activities at national or European level could be identified.

Scope for improvement of intervention logics and indicators in proposals

While the proposal forms require action leaders applying for funding under the Health Programme to provide a solid rationale for funding (or some form of intervention logic), the case study analysis has also shown that there is a lot of scope for actions to better define their objectives, outputs, results and outcomes (in effect, describing the theory of change). In addition, a lot of objectives set for actions were not always “SMART” (Specific; Measurable; Attainable; Relevant; Time-bound). The case studies suggest that more guidance could be given to action leaders on the definition of these terms. However, the EAHC seems to provide feedback to action leaders in this respect, as the evaluation has found that, when comparing intervention logics in proposals with those in Interim Reports, these had often been improved. Overall, intervention logics in proposals need to be better defined to ensure a successful operation of the action.

Following on from the observation that actions’ objectives are not always “SMART”, a similar assessment can be made for the indicators in proposals against which actions can be monitored and measured. For the majority of actions assessed, the indicators outlined in the proposals are not well defined or specific. In some cases, they even take the form of outputs (i.e. EFRETOS). Therefore, actions would generally benefit from indicators that provide an insight into the extent to which the outcomes are being / have been achieved. Without these it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment.

Target groups and dissemination plans could be better defined

Evidence collected through the case studies also shows that target groups of individual actions are defined to varying extents in the documentation (proposals and Interim Reports). In several of the actions under assessment, target groups are kept very generic and/or are not easily quantifiable (JA for ECHIM; EuroNeoStat II; EFHRAN; OECD Health Data).

Following on from this, most actions do not seem to have a clear dissemination plan for their outputs or a clear description of the channels they intend to use. In some cases, the lack of a clear dissemination strategy in proposals has been commented on in the evaluation reports, and a final evaluation of these actions needs to determine if improvements have been made throughout the running of these actions. However, the absence of a clear definition of target groups and dissemination plans for their outputs might pose a challenge for these actions to effectively reach their intended outcomes and make an impact.

In the case of the Tenders assessed (VITO NV), no dissemination strategy or information on dissemination activities are available for this study, given that the responsibility of disseminating its findings lies with DG SANCO. However, it seems that there is a lack of feedback and communication on the performance of the action and its results from side of the European

Commission. The only information available was a comment in the Commission's final evaluation report that the results of the study would be submitted to the Scientific Committee on Consumer Safety.

Effective evaluation strategy / approach missing

Most of the actions assessed during this exercise do not outline an effective evaluation strategy in their proposals. In a few cases, evaluation strategies were included as part of the Interim Report, which leads to the assumption that the Executive Agency has intervened and demanded that the approach to evaluation be refined.

The most common method proposed for the evaluation of actions seems to be that Work Programme leaders evaluate their own Work Programmes, and that Project Coordinators receive these evaluations from each WP Leader and document them in the Project Technical Progress Report. This report will then be reviewed by the Executive Agency in order to monitor the state of the action.

A few actions outline in their proposals that they will be subject to an evaluation by an externally contracted company (i.e. Take Care; Aids Action Europe; Club Health). In addition, actions with an outreach objective often include satisfaction and evaluation questionnaires for participants of their events or subscribers of their newsletters in their evaluation proposals.

Sustainability of actions challenged once funding comes to an end

Sustainability is one of the biggest challenges for actions funded under the Health Programme. While it is unlikely for the vast majority of actions to have taken place in the absence of HP funding, once the funding has come to an end, actions will not have enough financial means to run further. This is especially a concern for organisations funded through Operating Grants, which have to fear that their organisations will cease to exist in the absence of Health Programme funding (i.e. Eurordis_FY_2010).

In addition, several action leaders argued that their activities would benefit from sustained funding over a longer period of time, as they could be more effectively implemented.

Some of those actions that have been funded under the previous Health Programme were reported to have had difficulties with the transition period between the first and second periods of funding. For example, in the case of EuroNeoStat II, the action has developed a register of data, which needed to be maintained and updated regularly. During the transition period between the two funding cycles, it was very difficult for the action leader to find funding sources to sustain the register.

Only one action leader was confident that once funding through the Health Programme has come to an end, financial support will switch to national and regional donors (Take Care).

EU added value

An assessment across the actions that form part of the case study exercise shows that EU added value comes in various forms. It appears to mainly feature in the areas of:

- **Promotion of Best Practice**, such as the sharing of health-related best practices and learning and support between MS and with the EC; and
- **Networking**, by supporting and enhancing existing networks and creating new networks.

EU added value also exists to a lesser extent in the areas of:

- **Economies of scale:** While economies of scale are foreseen in the majority of actions, their ability to actually quantify this is currently limited; and

- **Implementation of EU legislation:** Again, it is envisaged that the results of many Actions will be carefully examined and potentially used when considering future policies and / or funding programmes. It is currently a challenge to assess the extent to which results do have this kind of impact but certainly something that should be looked at in the end term evaluation.
- **Benchmarking for decision making:** Similarly to the implementation of legislation, it is envisaged that the results of many Actions will be used as a basis on which to formulate policy and / or base decisions on public health spending.
- **Cross border threats:** Some actions foresee to develop a structure to co-ordinate a response to the health threat in question, and will facilitate exchange of information. It seems to be less likely though that actions will result in a specific intervention to combat cross border health threats.

EU added value is **seen least** in the areas of:

- **Free movement of people:** Actions generally do not address the free movement of persons in the EU. Only EFTRETOS and UNAIDS make reference to a potential outcome of their actions in that respect in their proposals.

Too early to assess impact of actions

As stated above, most actions are still running, therefore not all outputs have been delivered and the results are yet to be disseminated. In this context, it is very difficult to make an assessment of the impact that these activities will have.

For those actions assessed that have come to an end, the following impacts were reported:

- **AIDS ACTION EUROPE:** The organisation was able to have an impact on the EU framework on HIV/Aids. The efforts of the organisation have achieved a change in the European Union Equity Directive, ensuring that the rights of people living with HIV are more protected.
- **5ECCSRAD:** The conference was structured in a way to disseminate EU best practice on research related to drug abuse and HIV/AIDS, as well as to cover the dissemination of clinical and scientific research results. In addition, attendants were able to network with each other.
- **EURORDIS_FY_2010:** The overall impact of the Operating Grant is hugely positive for the organisation. The fact that EURORDIS is being supported on a number of their core activities allows them to train people, to develop them as experts in the field, to support volunteers, to bring on board good professionals to work with the volunteers and PO. All of this is possible because of the existence of the grant, which contributes to a better return on the work of the organisation.
- **VITO NV:** The main positive impact of the study was of an internal nature, in that it helped VITO to bring the knowledge in this field together and it fed other work undertaken by the organisation. There is however no indication on the impact that this study had at EU level, and whether its results were disseminated. Further impacts need to be confirmed by DG SANCO.

Thus, the findings on impact for Aids Action Europe, 5ECCSRAD as well as Eurordyz_FY_2010 are generally quite positive.

11 FINDINGS AND CONCLUSIONS

The following chapter presents the main findings, structured around the main evaluation issues (relevance, effectiveness, efficiency, coherence and utility) and by data collection tool, as well as conclusions for all of the 14 evaluation questions put forward in the Terms of Reference. The findings and conclusions follow the indicators and judgment criteria that were developed during the first phase of the evaluation (see Annex 1).

11.1 Relevance

This section provides findings and conclusions for the first four evaluation questions under "Relevance".

11.1.1 EQ1: To what extent are the objectives of the HP relevant to the needs of the area and the problems it was meant to solve?[37]

11.1.1.1 Desk research

The Health Programme (2008-2013) was established to "contribute to protecting the health and safety of citizens through actions in the field of public health."[38] It sets out that under Art. 152 of the Treaty, the Community is required to play an active role by taking measures which cannot be taken by individual Member States, in accordance with the principle of subsidiarity. With its total budget of EUR 321.5 million, the Health Programme intends to finance actions which contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health. Thus, the overall objective of the Health Programme is to be complementary to health measures and systems at the national level.

The Health Programme revolves around three main objectives, as set out in the programming documentation:

- Improve citizens' health security (HS);
- Promote health and reduce health inequalities (HP);
- Generate and disseminate health information and knowledge (HI).

11.1.1.2 Stakeholder interviews

The findings from the stakeholder interviews indicate that overall, interviewees think that the objectives of the Health Programme cover the main needs of the area of Public Health in Europe. According to interviewees, the main benefits of the Health Programme include the possibility to foster cooperation between Member States in the area of health, and to maximise Member States' resources in terms of networking.

Representatives of International Organisations stated that the Health Programme is generally well perceived by and relevant for stakeholders working in the area of public health and that the Programme addresses the right issues.

[37] Please note that in answering this question the evaluation will not be mapping the health needs across the EU and seeing whether the Health Programme's objectives reflect these. As reflected in the Evaluation Questions Matrix the question will be tackled examining the level of consultation during the development of the HP in addition to gauging the perceptions of relevant stakeholders.

[38] Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013).

However, members of the Programme Committee and officials working for the EAHC feel that the objectives of the HP are very broad to the extent that most health-related issues could fit under them. It was suggested that the Programme still needs to develop a clearer intervention logic, in order to better define its overall goals and to determine how to reach them. This was an issue raised in a study carried out by the Court of Auditors in 2009. In addition, it was felt that the Health Programme could focus more on areas not yet covered by Member States and International Organisations, rather than running the risk of significant overlap and duplication. More emphasis needs to be placed on the unique role of the European Union, and stakeholders felt that "European added value" has to be clearly defined and considered when developing the Health Programme for the period after 2013.

11.1.1.3 Online survey

The results of the online survey with action leaders show that the vast majority of respondents felt that the Health Programme is focusing on relevant priority areas that are addressing the main public health issues in Europe (18% of respondents agreed strongly and 63% of respondents agreed with this statement). When asked for suggestions on how the overall design of the Programme could be further improved, a large number of respondents suggested to include or consider more individual thematic areas, such as smoking, alcohol prevention and mental health issues.

Conclusions:

Based on the findings presented above, the evaluation concludes that the objectives of the Health Programme (2008-2013) cover the main needs of the area of Public Health in Europe. This was confirmed by the different stakeholder groups consulted as part of this study.

However, this seems mainly be due to the fact that the objectives of the Health Programme are far reaching and encompass most areas of Public Health. The Health Programme is lacking a clear intervention logic to better define its overall goals and to determine how to reach them. With reduced resources (compared to the previous Health Programme (2003-2008)) available, it will be difficult to focus on all objectives in the area of Public Health that exist in Europe.

Therefore, it is necessary for DG SANCO to set more tangible objectives for the Health Programme and concentrate on those issues that are difficult for Member States to focus on individually.

11.1.2 EQ2: To what extent do the priority actions[39] in the Annual Work Plans (AWP) ensure their relevance in relation to the objectives set in the Health Programme?

11.1.2.1 Desk research

Each year, an Annual Work Plan (AWP) is published by the European Commission, which, in line with Art. 8(1) of the Health Programme Decision, sets out priority areas and the criteria for funding actions under the Programme. These actions are intended to complement national policies of the Member States with a European added-value. This means that they should involve actors from different participating countries and the results should be able to be applied in other countries and regions across Europe.

[39] Actions in the AWP are generally accompanied by specific description of the intended outcome and linked to the actions referred to in article 2(2) of the Programme Decision.

In the AWPs, priority actions are described as being selected in line with the Programme Decision. They are said to be considered in the context of actions already funded under the previous Health Programme (2003-2008), as well as the fact that further priorities will be defined in later years of the Programme period.

Priorities are listed in the AWPs in sections directly corresponding to the strands referred to in the Health Programme Decision. In addition, their intended outcomes are specifically described. Thus, the relevance of priority actions in relation to the objectives defined in the Health Programme seems to be ensured to a great extent.

11.1.2.2 Familiarisation interviews

The familiarisation interviews clarified that the priority actions stipulated in the AWPs are determined by DG SANCO. Most of this work is undertaken by Unit C1 (Health Programme and Knowledge Management Unit), in cooperation with a number of other units, working parties, committees and platforms, who all feed into the process by providing their opinions on the priority actions. In addition, the institutional partners and the Programme Committee have to express their opinion and give their approval to these actions, which should also reflect their national needs. The representatives in the Programme Committees need to consult governmental bodies and the regions in order to ask for their opinions as well. The familiarisation interviews have shown that often the AWPs are sent to members of the Programme Committees later than originally planned which can cause a delay in the implementation process of the AWPs. Other DG's involved in heath policies are consulted by DG SANCO, such as DG RTD, DG INFSO, the SecGen, DG ENV, DG EMPL and DG JLS. In the past, the Commission had also issued an open call for consultation on the EU Health Portal, which has generated a couple of hundred responses.

This process shows that, in order to agree on the priority actions, a large consultation process is undertaken. This suggests that there is a possibility that priority actions are not fully in line with the objectives set in the Health Programme, but might be subject to consensus in case there are diverging opinions, or might be subject to priorities for one Unit rather than another one. On the other hand, given that the objectives of the Health Programme are very broad, it is unlikely that priority actions would not fit with them.

11.1.2.3 Stakeholder interviews

Stakeholders interviewed as part of this evaluation had mixed opinions about the relevance of the priority actions in the AWPs in relation to the objectives set out in the Health Programme.

AWPs facilitate flexibility

Individual interviewees stated that the flexibility of the Annual Work Programmes is a positive point and enables the Health Programme to be reactive to new health issues/risks on an annual basis. However, the preparation of the AWPs was seen as difficult by the majority of stakeholders interviewed to date.

AWPs need to be more strategic

EAHC officials felt that the AWPs need to be more strategically planned and better reflect the objectives of the Health Programme. The current process was seen as lacking an overall strategic framework and the priority actions were said to be too widely dispersed in order to accomplish the objectives of the Programme. While some areas were recognised as having an impact on promoting and protecting European health, such as rare diseases, in other areas this alignment was not seen to be supported by the actions funded, some of which were said to be too far away from the impact

that one could expect them to cover. Some of these perceptions were shared by individual Programme Committee members who felt that more precise targets are needed for the priority actions, e.g. in the area of nutrition, and that one or two indicators for each strand should be introduced.

Other stakeholders involved in setting Priority Actions

There was also a general perception among all stakeholders interviewed that the process of selecting priorities for the AWPs is somewhat difficult, given the multitude of opinions of different parties involved. The setting of priority actions each year is mainly the responsibility of DG SANCO and is undertaken by collecting input from different Units. However, it was felt by several stakeholders outside DG SANCO that changes of staff within the DG have resulted in a shift of priorities in the AWPs according to individuals' preferences over the years, and these are sometimes no longer related to the overall objectives of the Health Programme. It was argued that this shift in priorities might be difficult to understand especially for stakeholders outside the European institutions, such as organisations that intend to apply for funding. Several Programme Committee members stated that the process of selecting priority actions in the AWPs is not done in a systematic way and that the whole process is fairly complicated.

Scope for MSs to become more involved in determining priority actions

Programme Committee members found that if the European Commission's intention is to implement a Health Programme for the EU and to improve public health across the European Union as a whole, Member States should be more significantly involved in the process of selecting priority actions each year. Feedback received during the interviews carried out to date suggests that it is somewhat difficult for Member States to influence the priory actions in the AWPs, and that DG SANCO has taken a different approach every year to get Member States' views on the priorities set. For example, Member States' input was sought early in 2008 and 2009, while in 2010 a nearly final version of the AWP was sent to Committee Members, with little time for them to respond or comment. However, several Committee members recognised that this process has changed recently and that DG SANCO is seeking Member States' input more actively.

Appreciation that determining priorities is not easy and that current process is not bad

All interviewees generally appreciated that it is difficult to set priorities relevant to all Member States. Individual Programme Committee members interviewed thought that generally, the system of prioritising certain areas each year is good, and agreed that important areas, such as "HIV/Aids prevention" or "Social inequalities" should be repeated, as they very well reflect Member States' needs. However, the difference in needs in the area of public health across Member States was very apparent during the interviews, and three Programme Committee Members stated that their needs have not been met well by the Health Programme to date. Especially representatives from small and new Member States stated that they need more support from the European Commission in order to support their applicants and to keep them motivated to apply for funding in the future.

11.1.2.4 In-depth study of 14 actions

The assessment of the case studies has shown that the objectives of the actions funded were fully aligned to the objectives of the Health Programme, and also with various HP priority actions. This alignment is to some extent guaranteed by the requirement in the "Key specifications" section of the application form for proposals to outline which objective of the Health Programme will address.

Conclusions:

Evidence collected during the course of this evaluation shows that, while there is a process in place for determining priorities in the AWPs and for ensuring their alignment with the overall objectives of the Health Programme, it is not considered particularly clear or consistent.

Stakeholders generally appreciate that determining priorities is a complex exercise and that it is somewhat difficult for DG SANCO to take into account a multitude of opinions. However, there does not appear to be any strategic framework or logic applied to the process on how priorities should be / are determined, and over time this can lead to an inconsistent approach.

Setting priorities in the AWPs has to date not fully taken into account the needs of Member States in the area of public health. While consultation takes places with the competent authorities in the Member States, this is considered to happen quite late in the process, not leaving much scope for Member State representatives to react or comment. However, this is seen as problematic in the sense that the Health Programme is targeted at improving public health across the European Union, and therefore Member States need to be "on board" and agree with the objectives and priority areas set in order to cooperate with the European Commission and play and active role in the implementation of the programme.

The role of Member States in the Health Programme needs to be better defined in the future in order to agree on common goals, and the consultation of Member States in terms of priorities to be selected needs to be strengthened.

11.1.3 EQ3: To what extent do the priority actions ensure their relevance in relation to the principles and objectives set in the Health Strategy?

11.1.3.1 Desk research

Similar to the consistency of the priority actions with the objectives of the Health Programme, priority actions are described in the AWPs as being selected in line with the commitment in the EU Health Strategy to work across sectors for improving health.

11.1.3.2 Stakeholder interviews

Broad Strategy means that most priority areas would fit

Several Programme Committee members interviewed stated that the Health Strategy is broad, laying out the strategic approach in the area of health for 2008-2013 in very general terms. In this context it is hard for the priority areas in the AWPs not to fit well with the objectives in the Strategy. One interviewee commented, however, that the Health Strategy cannot be implemented through one single programme, but that there was scope for other EU programmes to form part of the Health Strategy as well, for example the Cross-border cooperational programmes (2007-2013) funded by the European Regional Development Fund (FEDER) and the EU Structural Funds.

One Member of Parliament interviewed agreed that the priorities set out in the AWPs overall fit with and contribute to the principles and objectives of the Health Strategy. The interviewee found that the two most important strategic considerations for the future should be to provide better healthcare by investing in more research and new therapies, best practices, dissemination of results and by improving the health care systems in Europe, and to diminish the inflow of new patients.

Conclusions:

Similar to the Health Programme, the Health Strategy is considered as being very broad in setting its objectives. Therefore, the findings of the evaluation suggest that all HP priority actions described in the AWPs are relevant in relation to the principled and objectives set in the Health Strategy.

These findings are in line with the results of the mid-term evaluation of the Health Strategy, also undertaken by PHEIAC, which concludes that the EU Health Strategy is very broad and does not identify concrete targets and timelines for EU-level action. However, the Health Strategy's evaluation findings show that overall, the Strategy acts as a guiding framework and – to some extent – as a catalyst for actions at the EU level (i.e. principally by DG SANCO and for MS jointly). Moreover, it identifies areas where "MS cannot act alone effectively", and proposes actions (mainly for the Commission) to tackle these areas.

11.1.4 EQ4: To what extent do the activities selected for funding correspond to the objectives of the Health Programme?

11.1.4.1 Desk research

Actions are aligned with objectives of HP

The mapping exercise (see section 8) has shown that activities selected for funding generally fit well and are aligned with the objectives and sub-actions of the Health Programme. This is perhaps not surprising given that the guidelines provided to potential applicants (and to those evaluating them) are quite clear in that the objectives of any potential intervention should line up with the overriding HP objectives and the priorities of the AWP.

As shown in the table below, the majority of actions funded under the HP to date correspond to the Health Programme's objectives "Health Promotion" and "Health Information", more specifically to the sub-actions "Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants" and "Collect, analyse and disseminate health information".

Table 9 – Total no. of actions funded to date under HP objectives / sub-actions

Sub-action HP 2008-2010	Total no. of actions funded under objectives / sub-actions
1.1 (1,1,1, - 1,1,5)	44
1.2 (1,2,1 - 1,2,3)	63
2.1 (2,1,1 - 2,1,2)	21
2.2. (2,2,1 - 2,2,4)	155
3.1 (3,1,1 - 3,1,2)	13
3.2 (3,2,1 - 3,2,3)	163
CONF 2008 - 2010 + CONF P	14
OG 2010 HEALTH	3
Other	3

Source: TEP calculation based on mapping database provided by the EAHC and DG SANCO

11.1.4.2 In-depth study of 14 actions

The findings of the in-depth study of 14 actions has shown that the activities selected for funding generally correspond to the objectives of the Health Programme to a great extent, and were also aligned with the various HP priority actions. As stated above, this alignment is guaranteed by the

requirement in the “Key specifications” section of the application form for proposals to outline under which objective the action falls.

11.1.4.3 Interviews with experts responsible for the evaluation of proposals

All external public health expert interviewed as part of this evaluation agreed that the activities selected for funding correspond to the objectives of the Health Programme. It was explained during the interviews that the selection procedures and award criteria are very strict in this respect, and that external experts are briefed by the Executive agency and DG SANCO in advance to ensure a good fit of actions with the HP objectives.

11.1.4.4 Stakeholder interviews

Actions are aligned with objectives of HP

The majority of stakeholders interviewed to date found that the procedures in place to select actions to be funded ensure that they correspond to the objectives of the Health Programme.

It was felt that there is a sound rationale behind the selection procedures. In the proposals, applicants have to outline the extent to which their proposed actions will comply with the priority areas set out in the Annual Work Programme, and DG SANCO officials also assess the proposals according to their policy relevance. Officials from the EAHC were satisfied with the selection process and highlighted the importance that external evaluators are included, so that the decision for actions to be funded is not only taken by DG SANCO or the EAHC.

MSs perceive actions to be adding value but unsure of fit with HP objectives

Programme Committee members cited individual actions funded which they thought were of great value to the Health Programme as well as the Public Health community in Europe, but found that they are not aware of the extent to which actions funded correspond with the objectives set in the Health Programme. This is mainly due to the fact that Programme Committee members are not fully involved in the selection of individual actions, but are presented with a list of actions suggested for funding towards the end of the selection process. Therefore, members might not have a complete overview of how well all actions fit with the objectives of the Health Programme.

11.1.4.5 E-survey

The survey results show that all action leaders responding could fit their actions funded under the individual objectives of the Health Programme.

As shown below, nearly half of action leaders responding to the survey (48%) claimed that the evidence, data or methodologies produced by their actions serve the HP objective (“To promote health, including the reduction of health inequalities”), followed closely by 44% who highlighted that their action contributed to the HI objective of the Health Programme (“To generate and disseminate health information and knowledge”). About 35% of action leaders explicitly stated that the evidence, data or methodologies produced by their actions served the HS objective (“To improve citizens’ health security”).

To improve citizens’ health security (HS)	To promote health, including the reduction of health inequalities (HP)	To generate and disseminate health information and knowledge (HI)
35%	48%	44%

Please note that respondents were able to describe the contribution of their action to more than one objective.

Actions addressing the "Health Security" objective (HS) of the Health Programme were described as revolving around generating information for policy making purposes, whereas several actions addressing the "Health Promotion" objective of the Health Programme were described as being built around advocacy and awareness raising, targeting numerous stakeholders, or reducing health inequalities based on an assessment of the current state of affairs.

Actions that serve the "Health Information" objective of the Health Programme were described as often including elements to generate and disseminate information to a very broad range of stakeholder groups in specific areas of health, and facilitating exchange between these relevant stakeholder groups at events and through networks.

Conclusions:

Evidence collected as part of this evaluation shows that activities selected for funding generally correspond to a large extent to the objectives of the Health Programme. This seems mainly due to the selection process in place, which ensures that applicants outline the extent to which their proposed action will comply with the priority areas in the AWPs as well as the main objectives of the Health Programme. In addition, DG SANCO officials assess the proposals according to their policy relevance, and external evaluators rate the proposals according to their evidence base.

11.2 Effectiveness

The following section provides findings and conclusions for the four evaluation questions under "Effectiveness".

11.2.1 EQ5: What are the results[40] so far of the activities selected for funding in achieving the objectives of the Health Programme?

11.2.1.1 In-depth study of 14 actions

Most actions funded under the Health Programme are still running, therefore not all outputs have been delivered and the results are yet to be disseminated. In this context, it is very difficult to make an assessment of the impact that these activities will have in terms of achieving the objectives of the Health Programme.

For those actions which have come to an end and which were assessed as part of the case studies, the following impacts were reported:

- **Aids Action Europe:** The action was able to have an impact on the EU framework on HIV/Aids. The efforts of the organisation have achieved a change in the European Union Equity Directive, ensuring that the rights of people living with HIV are more protected.
- **5ECCSRAD:** The conference was structured in a way to disseminate EU best practice on research related to drug abuse and HIV/AIDS, as well as to cover the dissemination of clinical and scientific research results. In addition, attendants were able to network with each other.

[40] It has to be noted that this will only apply to intermediate results given that this is a mid-term evaluation and most funded activities have not come to an end yet.

- **EURORDIS_FY_2010:** The overall impact of the Operating Grant is hugely positive for the organisation. The fact that EURORDIS is being supported on a number of their core activities allows them to train people, to develop them as experts in the field, to support volunteers, to bring on board good professionals to work with the volunteers and PO. All of this is possible because of the existence of the grant, which contributes to a better return on the work of the organisation.
- **VITO NV:** The main positive impact of the study was of an internal nature, in that it helped VITO to bring the knowledge in this field together and it fed other work undertaken by the organisation. There is however no indication on the impact that this study had at EU level, and whether its results were disseminated. Further impacts need to be confirmed by DG SANCO.

Thus, these findings are generally quite positive. They show that the results of these actions funded have achieved the objectives of the Health Programme in the way that they have contributed to EU legislation, dissemination of best practice and networking, and collecting knowledge across the EU in a given public health topic area.

11.2.1.2 Stakeholder interviews

Too early to make an assessment on the achievement of results

While most stakeholders claimed that they were not aware of the results of the actions selected for funding to date, individual officials from the EAHC cited several examples of actions which, in their opinion, have achieved the objectives of the Health Programme. For example, this was perceived to be the case in the area of rare diseases, where national plans in Member States were assessed for their impact and then a coherent global policy on rare diseases can be developed. However, given that most funded activities have not come to an end yet, stakeholders perceived it as quite difficult to assess the results of the funded activities.

11.2.1.3 E-survey

The vast majority of action leaders responding to the online survey (n=74) believed that their actions have produced or will produce evidence, data or methodologies that add considerable value to the *public health community* (92%) and to *citizens* (84%).

The following table provides an overview of the thematic categories of how actions added value or services to the public health community and/or to citizens, as stated by survey respondents (please see in brackets the number of survey respondents for each category):

Table 10 – Examples of outputs of actions as stated by survey respondents

Outputs of actions	
Knowledge and evidence	21
Tools and/or methodologies	19
Communication, awareness raising and networking	18
Data	18
Training	11
Educational material and guidance	10

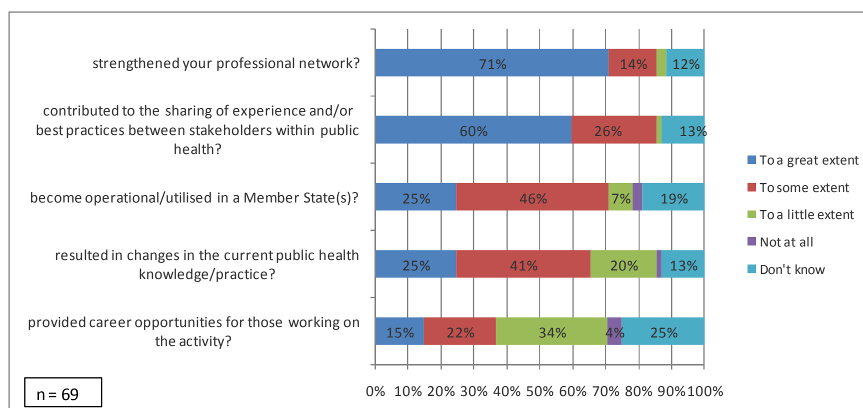
Outputs of actions	
Best practice	10
Capacity building	4

Examples for each category provided by survey respondents on how outputs of actions add considerable value to the public health community and to citizens included the following:

- Generating **knowledge and evidence** beneficial on a number of different level, including providing a basis for informed policy making and further research;
- Producing **actual tools and / or methodologies** that help to achieve advantages for both the public health communities (i.e. in the form of streamlining processes) as well as for citizens directly (i.e. with regard to improving diagnostic tests, improving patient care etc.);
- Producing activities around **communication, awareness raising and networking**;
- Generating **basic data** (as opposed to advanced knowledge and evidence) necessary for achieving advantages in health;
- Producing **training, educational material and guidance**, positively impacting on the public health community (e.g. by providing guidelines in the field of patient care, diagnostics, social inclusion of vulnerable groups etc.) and on citizens who might benefit from better educational health care professionals;
- Producing **best practice**, helping to achieve and maintain high standards in all areas related to health, such as research, access, care, treatment, etc.
- Providing **capacity building** of the public health community at different levels (e.g. by increasing the capacity of healthcare systems in new Member States to deal with diseases through an exchange of knowledge with health care institutions in old Member States);

Along similar lines, the survey results also suggest that actions funded under the Health Programme seem to have a positive impact on organisations in terms of finding new network partners and manifesting the relationship with them. About 85% of action leaders felt that their actions have strengthened their professional network to a great / to some extent.

Figure 15 - To what extent has your Health Programme activity...



In addition, the actions funded under the Health Programme have a substantially positive impact on improving the knowledge base and on building best practice in health. Almost 86% of respondents (n=69) felt that their actions have contributed to the sharing of experiences and/or best practices between stakeholders within public health to a great or to some extent, while 66% agreed to a great / to some extent that their actions resulted in changes in the current public health knowledge and practice.

Conclusions:

At this stage, it is too early to make an assessment of the extent to which the results of actions funded achieve the objectives of the Health Programme. Most actions funded under the current programme are still ongoing and the key outputs have yet to be delivered.

However, what can be said about actions funded under the Health Programme is that in the majority of cases there appears to be little deviation to what is detailed in the original proposal in terms of action outputs and outcomes. Actions generally foresee to contribute to the objectives of the Health Programme in terms of improving the knowledge base and building best practice in the area of health. There may be changes to the timing or who in a consortium takes responsibility for a deliverable, but in general the findings collected to date suggest that there are no major changes to proposals.

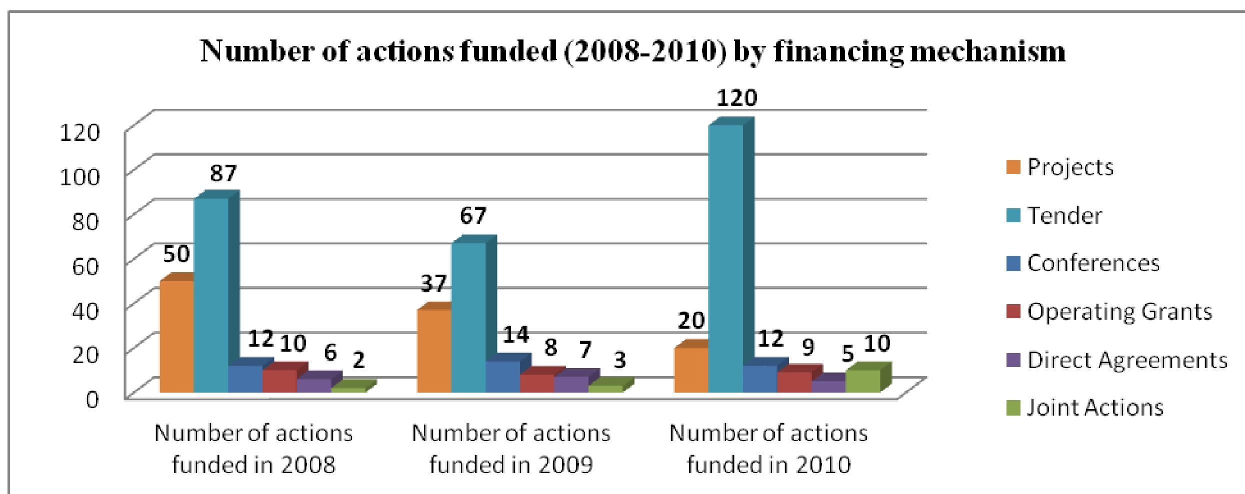
This leads the evaluation to conclude that action outputs and results (i.e. generating knowledge and evidence, producing tools/methodologies, producing activities around communication, awareness raising and networking etc.) are largely in line with and will be fulfilling the Health Programme's objectives. However, this will need to be examined in more detail during an end term evaluation of the HP.

11.2.2 EQ6: To what extent does the use of specific and in particular new financial mechanisms (operating grants, joint actions, conferences) and tenders help to increase effectiveness in the delivery of their outputs?

11.2.2.1 Desk research

Desk research has shown that since the introduction of the current Health Programme in 2008, actions are more widely dispersed among the different financing mechanisms. Especially noticeable is that there has been a decrease in the number of Projects funded, and at the same time an increase in the number of Join Actions.

Figure 16 – Number of actions funded (2008-2010) by financing mechanism



Source: Mapping database provided by DG SANCO and the EAHC; TEP assessment

This finding suggests that the range of different financing mechanisms are better suited to accommodate the actions funded, and might increase the effectiveness of their outputs.

11.2.2.2 Stakeholder interviews

Stakeholders had mixed perceptions of the new financing mechanisms in general, and the use of specific mechanisms to increase effectiveness in the delivery of the outputs. Feedback received through the interviews suggested that the new financing mechanisms included in the Health Programme were developed partly on the basis of the results of the Consumer Protection Programme, which used other mechanisms as well.

EAHC officials viewed the introduction of new financing mechanisms as a very positive development in general and highlighted the point that different financing mechanisms fulfil different purposes. The following comments were made for each financing mechanism, and are included in the figure below for purposes of better illustration:

Figure 17 – New financing mechanisms as viewed by EAHC officials

Joint Actions	Operating Grants	Conferences	Projects	Tenders
•PROs: •MS participation and investment •Perception that results will be used as MSs have a direct involvement in intervention •CONs: • Mainly makes sense for bigger topics where continuous collaboration between the MSs and DG SANCO is crucial, and where smaller NGOs would not add much value	• PROs: •In last HP, many projects funded were technically OGs (applying current definition) and therefore NGOs were competing with projects • CONs: •Still not fully tested - have only been used for a short time •Viewed more critically by EAHC officials, as they finance running of an organisation only for a limited amount of time (1-2 years) and their funding is unclear afterwards - sustainability issue.	• PROs: •No longer competing with "projects" as evident in last HP •Seen as a very useful mechanism (contributing to PH dissemination and networking) • CONs: •No sustainability	•PROs: • Something that European public health stakeholders expect from the HP • Regional governments / different NGOs collaborate within projects, which is a positive development •CONs: • Questions raised on how they contribute to the HP and the AWPs • Questions raised on what kind of impact they have	•PROs: •Useful mechanism to find a provider for a particular service •Can be used for a specific aims •CONs: •Specifications are defined by DG SANCO, not the organisations applying, and therefore need to be well defined • If DG SANCO does not make use of the end product of a tender, this might be frustrating for the provider, as findings will not get disseminated

Members of the Programme Committee viewed the introduction of different financing mechanisms as a big step. The new mechanisms bring with them more possibility to achieve aims of the HP. Interviewees commented mainly on the Joint Actions, as this is the financing mechanism that Member States are mostly involved with. There were mixed views on the Joint Actions, with some interview partners taking a very positive view about them as a mechanism – stating that they enable smaller and newer Member States to learn from old Member States through collaboration and cooperation. Others interviewees were more critical, arguing that there is too much emphasis on Joint Actions, and that smaller Member States might not have the resources or experience to apply under this financing mechanism. There was also some criticism that NGOs are excluded from being part of a JA.

11.2.2.3 In-depth study of 14 actions

Given that most actions are still ongoing, it is still too early to make an assessment of the extent to which the use of specific financing mechanisms and tenders help to increase the effectiveness in the delivery of their outputs. However, the case study exercise has revealed that, regardless of the financing mechanism actions are funded under, some of the actions assessed face similar challenges and limitations in that they lack clear intervention logics, definition of objectives, target groups and dissemination strategies, which might have a negative effect on the delivery of their outputs.

11.2.2.4 Interviews with experts responsible for the evaluation of proposals

Not many external experts were very familiar with the different financing mechanisms of the Health Programme, as many of them had only evaluated actions to be funded under one financing mechanism, and none of the evaluators knew any of the outputs produced by actions funded. However, those external evaluators familiar with the current system stated that they perceived the

different financial tools as a good introduction. They argued that if there was only one tool, it would force action leaders to present their actions in a format that would not fit. In the current scheme, different ideas fit under different financing mechanism, and it gives organisations more flexibility to “apply for something as it is, rather than putting it into an inappropriate format”.

11.2.2.5 E-survey

Survey respondents were asked for their level of agreement with the statement that the European Commission’s financial contribution is sufficient and adequate to deliver high quality outputs. Responses were quite positive and encouraging in that more than half of respondents (53%; n=73) strongly agreed or agreed with that statement. However, many respondents considered the extent to which these outputs were taken up to be one of the weaker aspects of the Programme. Almost 40% of respondents disagreed with the statement that the EC’s financial contribution is sufficient and adequate to ensure the uptake of outputs across Member States and other participating countries. In line with this, the vast majority of action leaders (88%; n=73) also felt that a more sustainable approach to funding (i.e. in the form of long term funding) would support effective action implementation, and, resulting from this, the take up of actions’ results.

When looking at responses by financing mechanism, especially action leaders of Projects and Direct Agreements felt that the EC’s financial contribution is sufficient / adequate to deliver high quality outputs. In contrast, several of the Joint Actions leaders (n=5) disagreed with the statement.

In addition, action leaders of Operating Grants, Direct Agreements and Joint Actions mostly disagreed with the statement that the EC’s financial contribution is sufficient / adequate to ensure the uptake of outputs across Member States and other participating countries.

It has to be noted though that new financing instruments need time to accommodate themselves and to function properly. In other words, the instruments are being built as they are implemented, so it’s logical that there are more aspects to review than in the case of other funding instruments that have been in existence for longer.

Conclusions:

The findings of the evaluation show that the introduction of specific and new financial instruments has generally been received positively and taken up to a large extent. Stakeholders thought that the introduction of these funding mechanisms was an improvement compared to the system of the previous Health Programme (2003-2008), as it has lessened the competition between actions to be funded.

The new system in place has clear guidelines for participants to determine which financing mechanism would be most appropriate for their proposed action. This approach appears to be logical and has led to a more straightforward process for those applying for funding.

In addition, each financing mechanism seems to contribute positively to achieve the aims of the Health Programme. For example:

- **Joint Actions** better involve Member States, suggesting that results of actions might be better used at national level given the direct involvement of Member States in the action;
- **Operating Grants** are guaranteeing the funding of an organisation for one year. However, once this funding has come to an end, the sustainability of the organisation is challenged;
- **Conferences** no longer have to compete for funding with projects, as was the case under the previous Health Programme;

- **Projects** involve regional governments and different NGOs;
- **Tenders** can be used for specific aims, but their specifications need to be well defined by DG SANCO in order to achieve the desired results.

In terms of whether the use of specific and new financial mechanisms has led to more effective outputs (in comparison to the past PHP), it is probably too early to say, given that most actions are still ongoing.

In addition, anecdotal evidence suggests that there is no significant difference between financing mechanisms in this respect. Rather, some actions funded under the individual financing mechanisms seem to face similar challenges in that their proposal do not sufficiently define the action's objectives, do not properly outline the intervention logic of the action, the target audiences and an effective dissemination strategy for the results. These issues will be discussed under a different evaluation question (EQ7), but seem to have more impact on the effectiveness of the delivery of actions' outputs than the mechanism under which each action is financed.

11.2.3 EQ7: To what extent do the technical quality of the project proposals funded, the involvement of the relevant decision makers and the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake?

11.2.3.1 Stakeholder interviews

Evaluation process contributes to high quality outputs

All EAHC officials interviewed explained that the proposal application forms (except those for Operating Grants and Conferences) include the criterion "evidence base", where applicants need to prove that scientific principles are applied in the action that they are proposing. In addition, application forms also include sections on expected outputs and dissemination of results. It was also pointed out that proposals are being evaluated by specialists to ensure that they are based on scientific methods and that the outputs/results are based on scientific evidence. Criteria included in the consolidated evaluation reports for actions cover areas such as the policy and contextual relevance and the technical quality of the project, including the dissemination strategy for results. In addition, EAHC interviewees agreed that the relevant decision makers are involved in the evaluation and negotiation process, and that, technically, the system in place contributes to the delivery of high quality outputs and supports their uptake for actions funded under the Health Programme.

11.2.3.2 In-depth study of 14 actions

Scope for improvement of intervention logics and indicators in proposals

As stated above, most actions are still ongoing and have not yet delivered outputs. However, the case study assessment has revealed that there is scope for improvement for some actions to better define their objectives, outputs, results and outcomes, describing the theory of change. In addition, a lot of objectives set for actions were not always "SMART" (Specific; Measurable; Attainable; Relevant; Time-bound).

Actions would also generally benefit from indicators that provide an insight into the extent to which the outcomes are being / have been achieved. The case study assessment has found that for the majority of actions assessed, the indicators outlined in the proposals, against which actions can be monitored and measured, are not well defined or specific. In some cases, they even take the form of

outputs (i.e. EFRETOS). Without these indicators it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment.

Thus, overall, intervention logics in proposals need to be better defined and indicators set to ensure a successful operation of the action and an effective delivery of their outputs.

More guidance to action leaders on definition of terms

The case study assessment also suggest that more guidance could be given to action leaders on the definition of terms such as "output" and "outcome", though the EAHC seems to provide feedback to action leaders in this respect during the negotiation procedures. The evaluation has found that, when comparing intervention logics and indicators in proposals with those in Interim Reports, these had often been improved.

No national policy makers involved at proposal stage

Interviews with action leaders also revealed that decision makers (understood as national policy makers in this context) are not directly involved at proposal stage or during the running of the action funded. In a few cases, decision makers are informed of the action through conferences, but this seems to be rather rare.

11.2.3.3 Interviews with experts responsible for the evaluation of proposals

External evaluators interviewed agreed that the technical quality of proposals has an impact on the delivery of high quality outputs. It was argued though that a good proposal also needs to have a good evidence base and follow a clear strategy in terms of producing outputs.

Individual interview partners also stated that some applicants seemed to have difficulties with some of the requirements and definitions in the proposals, such as the section on "evidence base", as they were not familiar with the term and did not know what information provide in this section.

Conclusions:

It is currently too early to make an assessment of the outputs of the actions funded and their uptake. However, it can be concluded that those proposals that are well written, have a good evidence base and follow a clear dissemination strategy, are likely to deliver high quality outputs which are taken up by the intended target audiences.

While the involvement of decision makers (i.e. external experts responsible for the evaluation of proposals) at the outset of an action is not crucial for their outputs and their uptake, it definitely helps in identifying areas for improvement of proposals, and in ensuring that only the most appropriate proposals are selected for funding. Decision makers understood as national policy makers are generally not directly involved at proposal stage or during the running of an action.

The in-depth review of actions suggests that there is scope for participants to improve the way in which they present the thinking behind their action. In particular, the intervention logic or theory of change presented in proposals can be improved, and objectives set need to be SMART.

The evaluation also found that to a certain extent, the negotiation process helps addressing this issue and indeed the quality of the proposal in general. Aspects such as approaches to dissemination and evaluation as well as the setting of indicators have certainly been improved during the negotiation process.

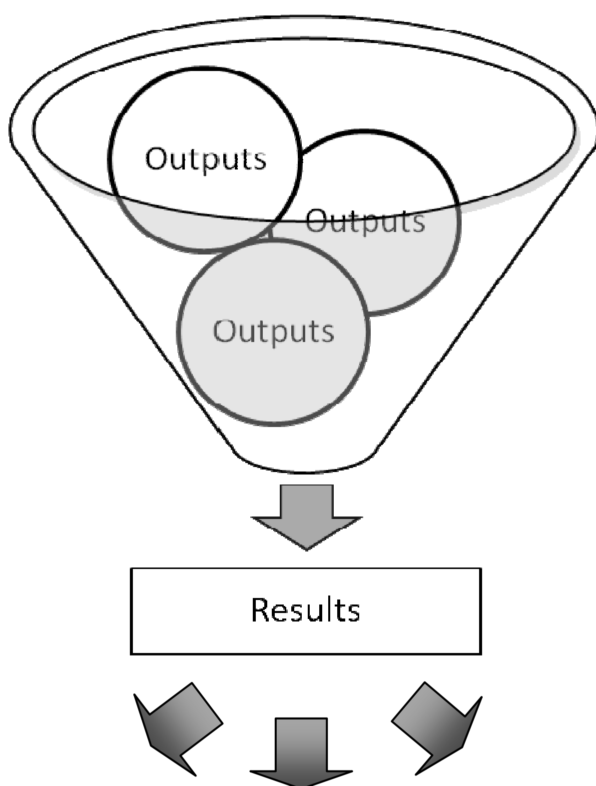
11.2.4 EQ8: To what extent are the results of activities funded widely disseminated and publicly available?[41]

11.2.4.1 Desk research

A basic review of the calls for proposals has shown that one of the main award criteria for actions to be funded is the "Dissemination strategy", which needs to be outlined by the action leader in the proposal. When the action funded comes to an end, the responsible official in the EAHC reviews the proposed dissemination of all project deliverables before signing off the payment for the action.

While the dissemination of the individual deliverables (Technical Interim Report, Final Report etc.) seems to be working well, stakeholders interviewed indicated that the dissemination of the actual results, once an action comes to its end, can pose a challenge.

Figure 18 – Dissemination of action results



While the different project outputs contribute to the final results of an action, as indicated in the diagram above, there is scope for the results to be disseminated to a greater extent.

For example, there is no clear dissemination strategy in place from the side of DG SANCO or the EAHC in order to specifically target certain stakeholders, i.e. EU and MS policy makers, other officials working in MS public health departments, and even those within the Health Programme, some of whom do not seem to be sufficiently informed about the results of the individual actions, e.g. members of the Programme Committee.

[41] It has to be noted that this will only apply to intermediate results given that this is a mid-term evaluation and most funded activities have not come to an end yet.

11.2.4.2 Stakeholder interviews

Dissemination continues to be an issue

Stakeholders interviewed recognised the dissemination of results as one of the main issues of the current Health Programme and could not identify a significant improvement in this respect compared to the previous Health Programme.

There was a general consensus among Programme Committee members that they are not sufficiently informed about the results of the actions funded. One Committee member even stated that the dissemination of results is "the weakest link" of the Health Programme. Committee members found themselves "too busy" to systematically look for the results /outputs of each HP project. In view of this there was a suggestion that the EC as well as the EAHC might disseminate a list of HP project results on an annual basis to inform Committee members. Only a few Committee members cited the project database initiated by the EAHC on the Commission's Public Health website (http://ec.europa.eu/health/projects/index_en.htm) as a tool to look up projects, but also acknowledge that less informed stakeholders as well as the general public are unlikely to be aware of this.

Dissemination not just an issue for the HP

Representatives of International Organisations as well as officials from other EC financial programmes acknowledge that the dissemination of results is not just a problem of the Health Programme, but that it relates to all financial programmes that involve a multitude of parties and stakeholders. However, they agreed that the dissemination of action results has to be improved for them to provide an impact and also to be used in other projects. It was argued that actions and their results need to be built into a regular reporting system to ensure that the information is being disseminated and used. As good means or tools for dissemination, more practical activities were suggested, such as conferences on action results at EU or international level in order to present the action's results at meetings to stakeholders and decision makers in the same field, and to disseminate information to the European Parliament and the Committee of Regions to promote the application of results at the regional / local level. Another suggestion included making better use of the internet through dedicated websites, though this might pose a risk if the websites are not maintained after a certain period of time and hence the sustainability of the project results is not secured.

Dissemination at national level is main issue

EAHC officials stated that many actions funded have very good dissemination strategies, such as websites, newsletters, conferences at the end of an action etc. However, the dissemination of results at national level, for example to reach national policy makers, was perceived as a problem as this is something that needs to be done additionally by actions. EAHC officials acknowledge that the Executive Agency is not sending out summaries of the results of actions funded, but claimed that results are available in the action database on the Commission's Health Portal (http://ec.europa.eu/health/projects/index_en.htm), although the database is currently not up to date.

11.2.4.3 In-depth study of 14 actions

While most actions funded under the Health Programme are still ongoing and not many activities have produced results yet, the case study assessment has shown that there is scope for improvement for actions to better define their target groups and outline their dissemination plans to make their results publicly available to a wide-spread audience.

The case studies have revealed that target groups of individual actions are defined to varying extents in the documentation (Proposals and Interim Reports). In several of the actions under assessment, target groups are kept very generic and/or are not easily quantifiable.

Following on from this, most actions do not seem to have a clear dissemination plan for their outputs or a clear description of the channels they intend to use. In some cases, the lack of a clear dissemination strategy in proposals has been commented on in the evaluation reports, and a final evaluation of these actions needs to determine if improvements have been made throughout the running of these actions. However, the absence of a clear definition of target groups and dissemination plans for their outputs might pose a challenge for these actions to effectively reach their intended outcomes and make an impact.

In terms of Tenders, DG SANCO is responsible for the dissemination of results. However, evidence collected suggests that there tends to be a lack of feedback and communication on the performance of actions and the dissemination of their results from side of the European Commission. The researchers themselves are not able to use or publish the results produced. This can be somewhat frustrating, as the findings then will not get disseminated.

11.2.4.4 E-survey

The survey findings suggest that the results of actions funded under the Health Programme are widely disseminated and publicly available. Over half of respondents (n=60) felt that the results of their actions were disseminated and publicly available to a great extent. It has to be noted though that most actions have not come to an end yet, therefore it is assumed that survey respondents refer to interim results of their actions or future dissemination.

Broken down by financing mechanism, action leaders across all groups felt positively about the dissemination and availability of their actions' results, with the exception of the small group of Tender-leaders responding to the survey (n=2).

The majority of respondents cited their organisation's / the action's website as a main tool for dissemination. Partner and relevant network websites were equally cited. Various respondents also named electronic mailings (e.g. newsletters), brochures / leaflets in electronic or hard-copy format as well as academic articles. A few respondents also cited conferences dedicated to disseminating the results of actions to an audience of multipliers.

Suggestions for improving the dissemination of results included an increased dissemination through publications by the European Commission (rather than the organisation leading the action), ideally in a broad range of languages and specifically targeting relevant stakeholders. Several respondents recommended making better use of the Health Programme's website to disseminate action results.

An interesting point was made regarding the correlation between the dissemination of results and sustained action funding. Survey respondents felt that long-term funding of actions would enable them to disseminate their results more successfully, using long-term dissemination strategies (e.g. through building databases of interested individuals and institutions, setting up annual events etc.) and leaving a stronger legacy than short-term funded actions with less resources for disseminating results.

Conclusions:

The findings of this evaluation show that the dissemination of results is one of the main challenges of the current Health Programme. On the basis of the evidence collected, it can be concluded that there is still a lot of room for improvement to widely disseminate results of actions funded and make them publicly available.

As early as at proposal stage, dissemination strategies / approaches of actions to be funded are generally not very specific or well defined. For example, there is not always an initial outline of the target audiences, the channels through which progress and results will be disseminated or key messages to be delivered. As mentioned above, the negotiation process has added value here in that by the Interim Report stage, there is often a much clearer idea of how actions plan to disseminate.

In terms of how effectively dissemination strategies / approaches have been implemented, generally speaking actions have developed their dissemination channels (websites, newsletters, etc.), and in some instances have put together mailing lists (database of stakeholders). In contrast to the previous Health Programme (2003-2008), action leaders are now bound to write a summary of their actions once these have come to an end, for further dissemination and information of stakeholders.

In the case of Tenders, DG SANCO is responsible for the dissemination of the final reports and the results of studies. Evidence collected during the course of this evaluation suggests that the lack of disseminating the findings can lead to frustration of those responsible for studies, and therefore needs to be better addressed.

Another issue is that the dissemination of results subsequent to an action can be an issue. Once an action has come to an end, it is likely that the dissemination of results continues through the project personnel. However, the formal dissemination often ceases with the end of an action. There is scope for the European Commission, in particular DG SANCO and the EAHC, to play a more active role in this and use their own channels to further pass on information, i.e. by publishing results in EC publications in a broad range of languages and systematically using other channels to disseminate action outcomes. In order to improve the dissemination, the EAHC has developed an action database on the Commission's Health Portal (http://ec.europa.eu/health/projects/index_en.htm), where action results will be available. However, the database does not appear to be fully up to date yet.

The dissemination of results at national level (i.e. to reach national policy makers) seems to be one of the biggest problems for the Health Programme. Feedback from national policy makers and other stakeholder suggests that they need to be targeted directly, as it is unlikely that they will look for results of actions themselves.

Thus, the dissemination of HP action results has to be improved for them to provide an impact and also to be used in other projects.

11.3 Efficiency

This section includes findings and conclusions for the four evaluation questions under "Efficiency".

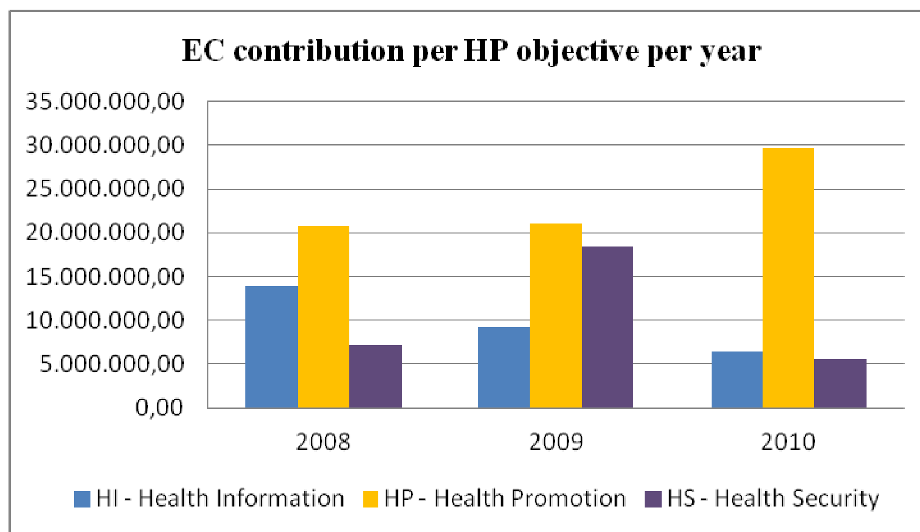
11.3.1 EQ9: To what extent is the spreading of funds over general objectives, priority actions and specific mechanisms a good basis for an efficient implementation of the Health Programme?

11.3.1.1 Desk research

The AWPs as well as the call for proposals for the different financing mechanisms set out the details for the priority areas for action in implementing the Health Programme 2008-2013. While in the case for projects, the indicative total budget generally seems to be set out to be shared evenly between the three strands, other calls for proposals focus on certain priorities specified in the AWPs.

The mapping exercise undertaken as part of this evaluation has shown that the funding of actions is not spread equally over the three objectives of the Health Programme. The "Health Promotion" objective has systematically received the highest share of financial contribution from the European Commission over the timeframe 2008-2010. The following graph provides an overview of the EC contribution per Health Programme objective for the years 2008, 2009 and 2010.

Figure 19 – EC contribution per HP objective per year



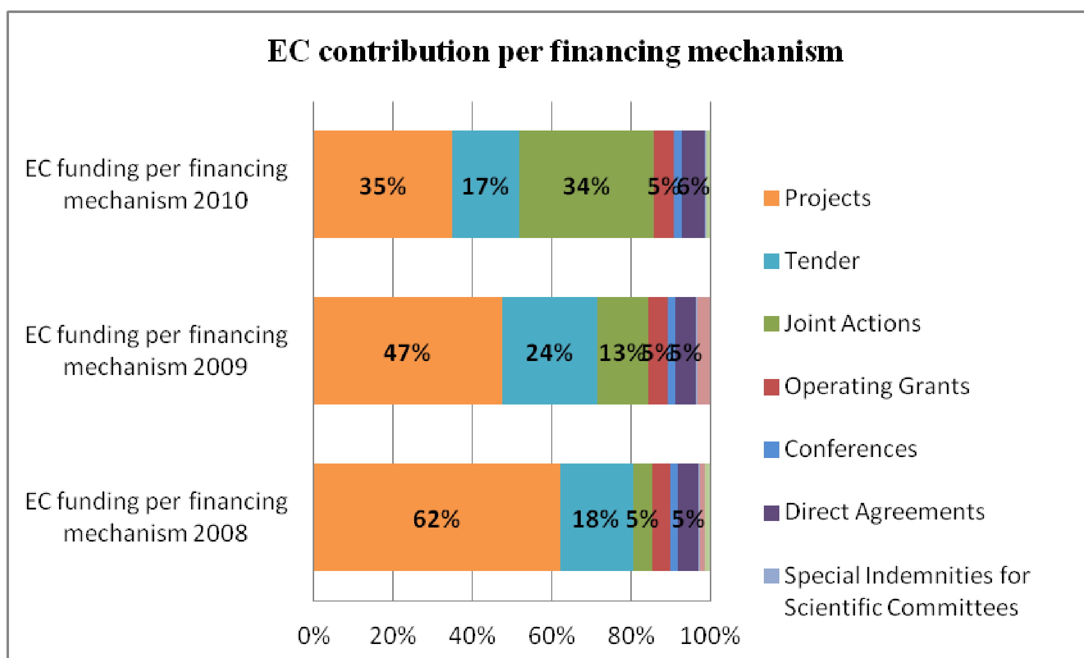
Source: Mapping database provided by DG SANCO and the EAHC; TEP assessment

In addition, and as stated in the findings for EQ 4 above, the majority of actions funded under the HP to date correspond to the sub-action "Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants" (2.2). In comparison, very few actions have been funded under the sub-actions "Foster healthier ways of life and the reduction of health inequalities" (2.1).

These findings suggest that there might not be an equal amount of importance placed on each of the objectives, which would explain why some objectives and sub-actions have received a lot of funding, while others have received significantly fewer or no funding at all.

Finally, the mapping exercise has shown that in 2010, Projects and Joint Actions receive the highest amount of funding among all financing mechanisms, as the following graph shows.

Figure 20 – EC contribution per financing mechanism



Source: Mapping database provided by DG SANCO and the EAHC; TEP assessment

There has been a significant reduction in funding for Projects from 2008 to 2010. Projects received 62% of the total amount available in 2008, falling to 47% in 2009 and to 35% in 2010. Tenders received 18% of EC funding in 2008, this increased to 24% in 2009, and then fell again to 17% in 2010. In comparison, Joint Actions made only up 5% of the total financial contribution in 2008, and by 2010 this had increased to 34%.

11.3.1.2 Stakeholder interviews

Scope for more MS input and expertise to determine priority PH areas

Individual EAHC officials stated that the allocation of financial resources for each objective of the Health Programme can be very political and can depend on the importance of different areas of public health. It was pointed out that the HP has no guiding principles (e.g an intervention logic with clear, tangible objectives) on which to determine how resources might be best allocated. In addition, given the shortage of resources available, some areas have to be prioritised. Some EAHC project officers stated that they take note of the changed importance placed by DG SANCO on certain health topics, but that they are unsure what is expected from them in these situations. To optimise this process, individual stakeholders suggested that, rather than having AWPs, each Unit within DG SANCO should set up a priority plan for a number of years, and then decide which financing mechanism could provide the means to achieve the most meaningful results. In addition several EAHC officials thought that the knowledge of experts in the Member States could be better utilised particularly to establish priority areas.

11.3.1.3 In-depth study of 14 actions

The findings of the case study exercise have not provided any evidence suggesting that the spreading of funds over general objectives, priority actions and individual funding mechanisms has led to any significant differences in terms of an efficient implementation of the Health Programme.

Conclusions:

The mapping analysis undertaken as part of this evaluation shows that the funding of actions is not spread equally over the three objectives of the Health Programme. The "Health Promotion" objective has consequently received most funding over the last three years, which suggests that most political emphasis has been set on this objective. This raises the question though if the spread of funding is following a systematic approach, or if it is up to political priorities set at the time.

The mix of financing mechanisms has evolved throughout the life of the Health Programme. In 2008, nearly two-thirds of funding was dedicated to Projects, while in 2010, this decreased to around a third of funding. At the same time, there has been a growing proportion of funding dedicated to Joint Actions (from 5% in 2008 to 34% in 2010) which to some extent ensures an increased number of Member States participating in the actions.

At this stage there is not enough evidence to categorically say that the spread of funds over general objectives, priority actions and specific mechanisms is a good basis for an efficient implementation of the Health Programme. Addressing the imbalance of funding for actions among the different Health Programme objectives would certainly ensure that all objectives are targeted to a more equal extent.

11.3.2 EQ10: To what extent does the access to the Programme allow the most appropriate and competent applicants to be selected, according to prioritised needs in line with the programme objectives?

11.3.2.1 Desk research

Evidence collected during the evaluation shows that there is a strict selection procedure for proposals in place in order to ensure that access to the Health programme is only granted to the most appropriate and competent applicants in the field.

There are three categories of criteria for the selection of the proposals, which are considered consecutively during the evaluation procedure: (1) The **Exclusion** and **Eligibility Criteria**, which proposals need to comply with, clarify the applicants' eligibility and the completeness of the proposal. (2) The **Selection Criteria** relate to the financial and operational capacity stipulated in a proposal, and (3) the **Award Criteria** include the quality of a proposed action, taking into account its costs. The award criteria include the following three elements:

- Relevance for the Community policies (Block A)
- Technical quality of the project (Block B)
- Management quality (Block C)

It has to be noted that proposals that fail to meet the requirements of one category are rejected.

Peer review panel of three external experts

In compliance with other EU Programmes, International Organisations and national research agencies, the evaluation process makes use of **peer reviews**. The objective of peer reviews is to ensure the independence of the evaluation, the credibility of the organisation performing the evaluation, and to offer scientific experts' advice / recommendations to the beneficiaries.

The peer review panel for the evaluation of proposals consists of **three external experts** that are selected through a call for expression of interest, based on their expertise as well as a number of other criteria (i.e. gender balance, geographic representation, English proficiency, experience in evaluation of projects). The external experts review the proposals and draw up lists of all proposals passing the thresholds per strand, ranking them according to the total number of points they were

awarded. These lists are subsequently discussed by the **Evaluation Committee**, which consists of members from DG SANCO, the EAHC, DG RTD, Eurostat / DG JLS. The Evaluation Committee ensures the evaluation quality, the interest of European Health Programme priorities and other European Policies are maintained.

Mechanisms in place to resolve differences of opinion

There are mechanisms in place to resolve differences of opinion between external and internal parties. One of these is for a Head of Unit to mitigate between the experts and for him/her to make a decision based on a review of the evaluation reports of both the external and internal experts. While this mechanism can work well, it is time consuming and not deemed particularly efficient. In this context it has been suggested that a Member State representative also participate (on a voluntary basis) at this stage in the evaluation process.

Depending on the available budget, the highest-ranking proposals will be awarded for EU co-funding, while the remaining projects are placed on a reserve list (subject to budget availability). For each financing mechanism, one list with projects suggested for funding is then presented to the Programme Committee for its opinion.

The award decision is eventually taken by the College of Commissioners after an inter-service consultation and a four-week-scrutiny period by the European Parliament.

11.3.2.2 In-depth study of 14 actions

Evidence collected through the case studies suggests that the most appropriate and competent applicants to the Health Programme are selected, and that their actions comply with the prioritised needs which are in line with the Programme's objectives. The analysis has shown that all actions assessed address issues that constitute public health concerns in EU Member States as well as internationally, and complement activities at national, EU and/or international levels. No significant overlaps or duplications with other existing activities at national or European level could be identified.

11.3.2.3 Interviews with experts responsible for the evaluation of proposals

External experts responsible for the evaluation of proposals that were interviewed thought that generally, the most appropriate and competent proposals are selected for funding.

However, some evaluators argued that it might be easier for bigger organisations with more expertise, a good reputation as well as a lot of financial and human resources available, to submit a good proposal. They nevertheless thought that smaller organisations might have innovative ideas that should be considered, too. In addition, the evaluators explained that the number of countries involved in a proposal was regarded as very important during the selection process, i.e. in terms of networking. Some small organisations may have failed in not having enough collaborators in different countries though, which might pose a challenge for them being selected for funding under the Health Programme.

11.3.2.4 Stakeholder interviews

The findings of the stakeholder interviews suggest that there is a general satisfaction with the current selection procedure for applicants, although in parts it was described as rather administrative and bureaucratic.

Perceived improvement in selection process

EAHC officials recognised an improvement in the selection of actions compared to the previous Health Programme. It was explained that there were some inequalities in the last PHP, i.e. when International Organisations submitted a proposal, it would definitely be accepted. Under the current Health Programme, the EAHC has implemented much stricter rules, and applicants have to input much more work in the application process. The EAHC also carries out satisfactory surveys with applicants each year, which indicated that half of all applicants over the last few years had difficulties with the application form, among them many smaller organisations. As a consequence, the EAHC has thought about introducing a two-step application procedure to pre-select proposals. In addition, the Agency has started to give advice to small organisations interested in applying for funding under the Health Programme. In January 2010, the EAHC organised a seminar for applicants and invited a selection of NGOs, smaller Member States and those applicants whose applications had been rejected in the past. This workshop was very successful given that several organisations learned that they will not be able to submit a proposal and therefore saved money and effort; two organisations which had not received funding by the Health Programme before submitted successful proposals; and some organisations are just too small to be able to submit a successful proposal.

HP application process is time and cost intensive for some applicants but is considered fair

The problem that especially smaller applicants might be scared and de-motivated to apply due to the quite heavy application process was also recognised by the majority of Programme Committee members. They argued that smaller groups don't have the resources to write good applications, so that proposals funded are often from large organisations. However, it was felt that the selection process as such is fair and that the EAHC is providing a lot of support to organisations. In addition, some Committee members felt that the selection of actions to be funded is mainly done by the EAHC and DG SANCO, and that there is no real debate within the Committee on the decision made.

Individual representatives of International Organisations stated that it seems that always the same organisations are selected for funding of their actions. EAHC desk officers confirmed that DG SANCO has Direct Agreements with the OECD and the WHO, and therefore these organisations are already pre-selected. For other actions, the composition of an "action consortium" is one of the criteria for the selection of proposals, and if consortia have worked together before, this is regarded as something positive.

Conclusions:

Evidence collected for this evaluation shows that the selection process of actions funded under the Health Programme is strengthened in ensuring that appropriate and competent applicants are selected for funding. Those actions funded to date seem to address issues constituting public health concerns in the European Union and internationally.

Individual experts responsible for the external evaluation of proposals recalled that DG SANCO's evaluation of the applications was taken into consideration in the arbitration phase of their involvement, and that in some instances evaluators were tempted to follow DG SANCO's lead. Thus, if DG SANCO was to change the order of the evaluation process (in that external evaluators should evaluate proposals first, and then they should be evaluated by DG SANCO), this could be done to avoid a potential bias by external evaluators to be in line with the evaluation results of DG SANCO.

In theory, the current process offers an equal access for organisations to the Health Programme, and the involvement of external evaluators also guarantees a fair process to some extent. As such, the process therefore constitutes an improvement compared to the previous Health Programme.

At the same time, the general sentiment among external evaluators is that consortia made up of "tried and tested" organisations (i.e. those that have benefitted from EU funding previously) are more likely to be awarded funding than those who are new to the process. This may come as a result of the following:

- such organisations are used to writing proposal applications;
- their track record (i.e. previous projects) actually contributes to the evidence base of their application;
- in the case of larger organisations in particular, it is more likely that they have the capacity to be able to dedicate significant (human and financial) resources to the application process;
- large organisations are more able to include partners from a wide range of EU Member States, making use of their already established networks.

The EAHC is aware of this problem and has taken important steps to support smaller organisations in their application process. In addition, the satisfaction surveys carried out by the Executive Agency on an annual basis show that the EAHC is open to feedback and tends to react accordingly.

As a result of previous surveys, the application process has changed already. For example, applicants requested more input and guidance on the application process, and the EAHC reacted by developing a series of seminars introducing the Health Programme. These seminars have been well received and are encouraging especially for smaller organisations to keep applying for their actions to be funded under the Health Programme.

11.3.3 EQ11: How might the efficiency of the Health Programme be improved regarding: the number of priorities; the available resources (financial and human); the various financial mechanisms; the established procedures; the intended results; and the political focus?

11.3.3.1 Desk research

As described in the findings for Evaluation Question 9 above, the mapping analysis has shown that the funding of actions is not spread equally over the three main objectives of the Health Programme, and is also not targeting the priority areas to an equal extent. This raises the question if the number of priorities in place and the spread of funding over the general and specific objectives is efficient when implementing the Health Programme.

11.3.3.2 Stakeholder interviews

HP application process is time and cost intensive for applicants which represents strong barriers for some organisations

Programme Committee members interviewed to date identified as the main obstacles and barriers for applicants the lengthy and quite complex application process, which proves to be challenging especially for smaller Member States with less resources and language barriers, as well as the sometimes long period between the selection of a proposal and the signing of the contract, which provides difficulties for more topical actions (i.e. bird flu).

A few stakeholders stated that the same organisations tend to apply and receive funding under the Health Programme, given that they have developed experience with the application process. New or small organisations might shy away from the lengthy and complex application process or might not have enough financial / human resources to put a proposal together. Preparing a proposal at EU

level was seen as not being easy, and it can incur high costs for an organisation if a proposal is submitted but not won in the end. This pattern could be changed by having a “pre-selection” round of short descriptions of actions, and subsequently actions could prepare a budget to prepare a full proposal.

11.3.3.3 E-survey

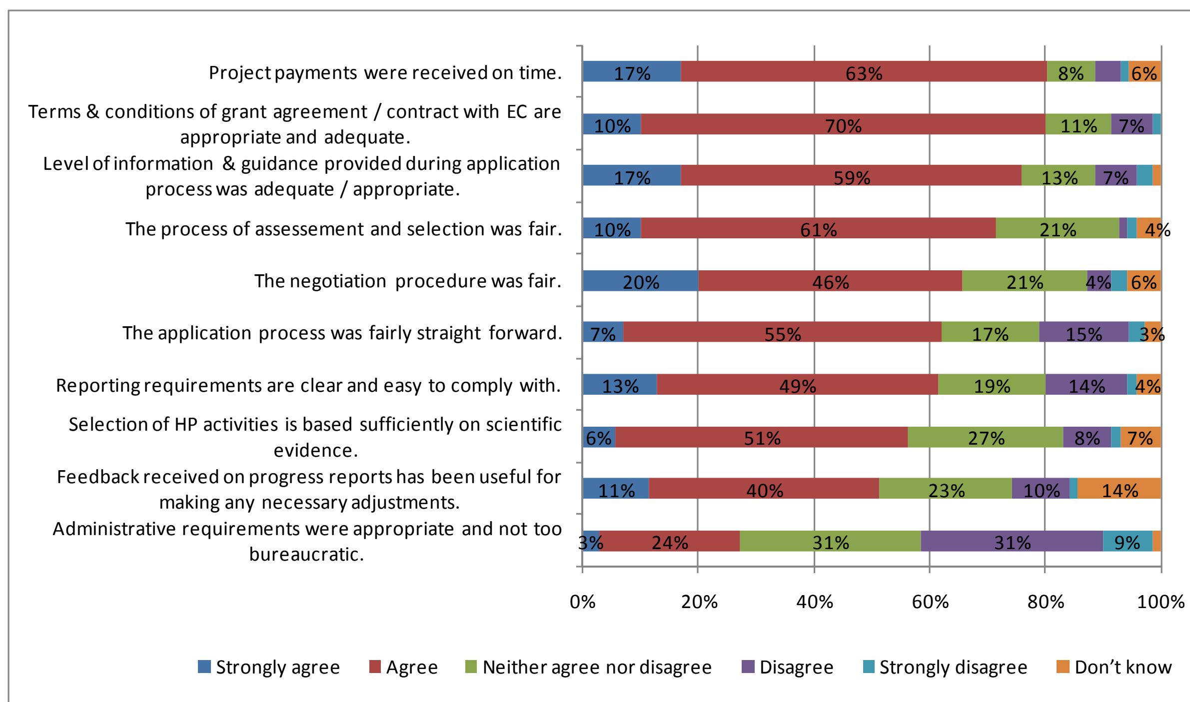
The survey findings suggest that the majority of respondents felt positive about the overall design of the Health Programme. However, suggestions for improvement included a stronger consideration of individual thematic areas, such as “smoking”, “alcohol prevention” and “mental health issues”. Individual respondents argued that actions are not linked to each other, and that they should make more use of already existing evidence, for example by being linked to projects under the DG Research’s 7th Framework Programme.

In addition, overall, survey respondents felt that the Health Programme’s selection and management procedures are appropriate and well executed. However, a number of action leaders suggested that more transparency, especially regarding the reasons for not approving actions, and better feedback would further improve the current processes in this respect.

Over one third of survey respondents (n=72) also felt that administrative processes are too bureaucratic, and called for a lessening of the administrative burden during the application process as well as the running of an action. Especially the negotiation procedures for grant agreements were considered as being too long, and the reporting requirements when running an action were described as unclear, calling for more support and guidance when putting together intermediate and final reporting.

The following graph provides an overview of action leaders’ responses with regard to the EU Health Programme’s selection and management procedures.

Figure 21 - To what extent do you agree with the following statements related to the EU Health Programme’s selection and management procedures?



When looking at the responses by financing mechanism, only a few action leaders of Direct Agreements and Operating Grants felt that the application process was not straight forward and that

the administrative requirements were too bureaucratic. More than any other group, they also felt that reporting requirements were not clear and not easy to comply with. In addition, many respondents from all financing mechanisms, including just under half of all Project leaders responding to the survey (n=42), felt that the Programme's administrative requirements were not appropriate and too bureaucratic.

Conclusions:

The evaluation found that there is some scope for improvement for the efficiency of the Health Programme.

As stated before, the findings show that the priority actions in place are not equally addressed by the actions currently funded. In addition, stakeholders do not have a clear understanding how these priorities have been set. Therefore, a reduction of priorities and a refinement to a select number of issues really concerning public health issues in the Member States could result in efficiency gains.

In terms of the application procedure, it was argued that especially smaller organisations find the current application process challenging, given that it tends to be quite lengthy and complex, and small organisations might not have the necessary financial or human resources for putting together a proposal. In addition, the process might incur high costs for these organisations if their proposal is submitted but not won in the end.

The evaluation also concludes that the outsourcing of the management of the Health Programme to the EAHC has resulted in significant improvement in its delivery. Action leaders are generally satisfied with the selection and management procedures currently in place. However, the findings presented above have shown that action leaders would benefit from more support and guidance from the side of the EAHC in the design of proposals, the running of actions and the dissemination of results. However, the work load of individual project officers in the EAHC is high – it has reached its peak in 2010 with most actions funded under the Health Programme running in parallel. The ratio of Project officers to HP actions is very high. Thus, while action Leaders are keen to see more of the EAHC officials but at current staffing levels this would be a challenge.

There appear to be some issues with the monitoring and management of HP funding. The evaluation acknowledges that this is a complex matter. However, the running of the mapping exercise that forms part of this evaluation demonstrates that there is scope to improve the management information on the allocation of funding across different financing mechanisms since the beginning of the Health Programme in 2008. For example, it has taken the evaluation a significant amount of time to collect all the data relating to funding allocations and commitments..

11.3.4 EQ12: To what extent are the monitoring processes and resources (at the Commission and MS level) sufficient and adequate to promote the results of the Health Programme and finally to incite stakeholders (internal and external) to make use of them?

11.3.4.1 In-depth study of 14 actions

The case study assessment has shown that most of the actions assessed do not outline an effective evaluation strategy in their proposals. In a few cases, evaluation strategies were included as part of the Interim Report, which leads to the assumption that the Executive Agency has intervened and demanded that the approach to evaluation of a given action be refined.

The most common method proposed for the evaluation of actions seems to be that Work Programme leaders evaluate their own Work Programmes, and that Project Coordinators receive

these evaluations from each WP leader and document them in the Project Technical Progress Report. This report will then be reviewed by the Executive Agency in order to monitor the state of the action.

A few actions assessed as part of the case study exercise outline in their proposals that they will be subject to an evaluation by an externally contracted company. In addition, actions with an outreach objective often include satisfaction and evaluation questionnaires for participants of their events or subscribers of their newsletters in their evaluation proposals.

11.3.4.2 Stakeholder interviews

Scope for increased monitoring to drive dissemination

External stakeholders, such as Programme Committee Members or representative of International Organisations, but also officials from other financial programmes, perceived the current monitoring processes as not sufficient enough to promote the results of the Health Programme and to incentivise stakeholders to make use of them.

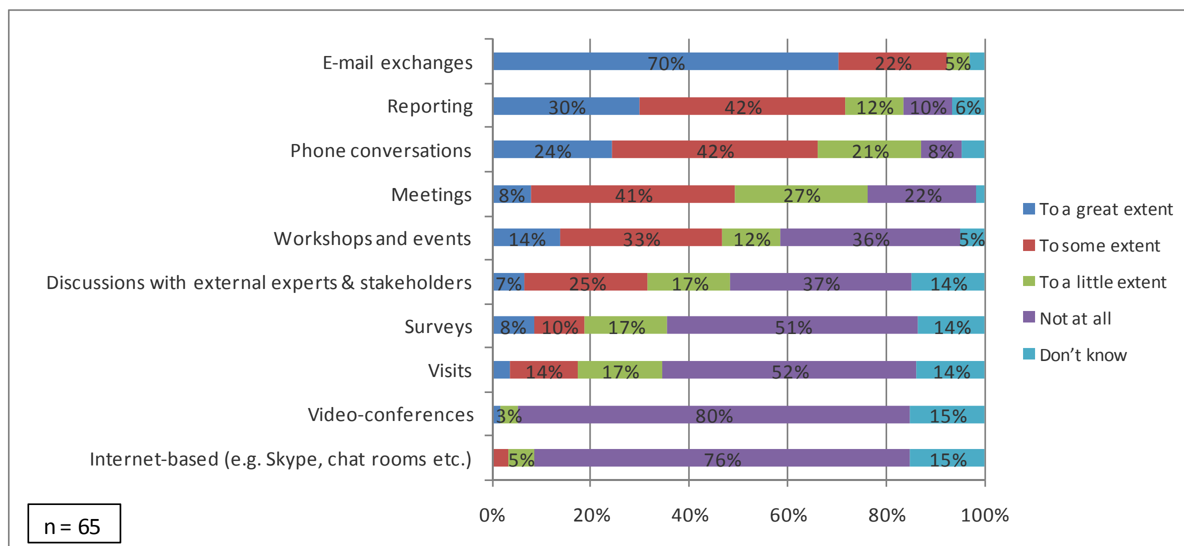
While the EAHC takes responsibility for one-to-one monitoring of the dissemination of results and project officers are in charge of assessing the quality of dissemination plans and checking the deliverables, monitoring data and results are not actively communicated to external stakeholders, such as national authorities, academics, researchers or health practitioners. The EAHC has also started to implement a project database which aims to make information about a project and its results widely available, though this database appears not to be fully up to date.

Thus, stakeholders argued that the promotion of results needs to be improved. One suggestion included to send summaries of the results of those actions that have come to an end to Programme Committee Members or officials of other DGs involved in the Health Programme.

11.3.4.3 E-survey

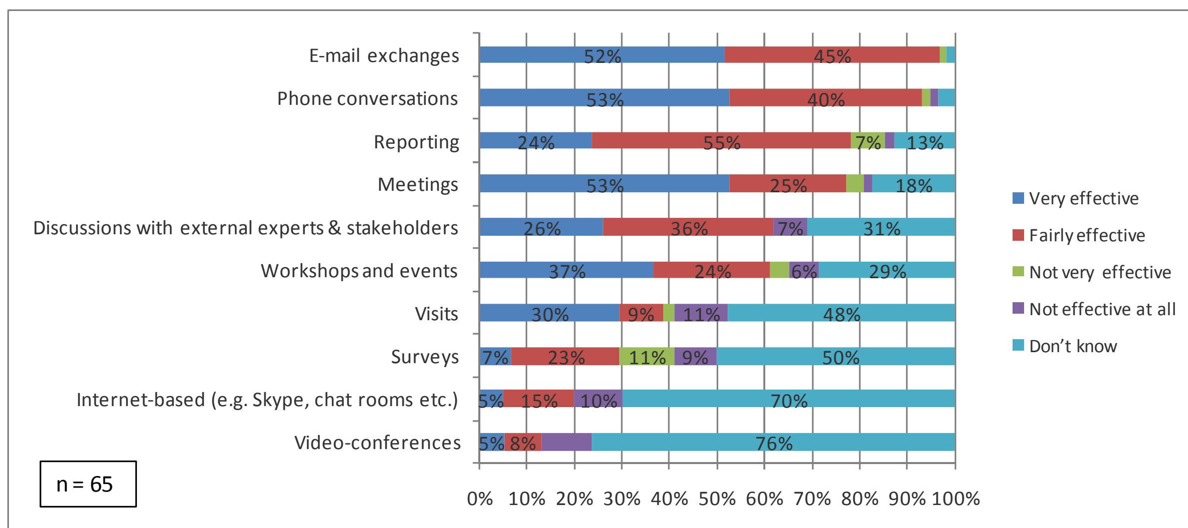
The survey results suggest that the EAHC has used e-mail exchanges, reporting and phone conversations most frequently to monitor and follow up on the implementation and results of actions funded under the Health Programme 2008-2013.

Figure 22 – To which extent have these channels been used by the Executive Agency for Health and Consumers (EAHC) to monitor and follow up on the implementation and results of your activity?



These three channels were also rated by the majority of survey respondents as the most effective channels, followed by meetings, discussions with external experts and stakeholders, workshop and events as well as visits.

Figure 23 - How would you rate the effectiveness of each channel?



Individual respondents felt that more dedicated time and increased personal involvement of EAHC officials (e.g. through more face-to-face meetings with action leaders as well as an increased attendance of action events) would substantially improve the current monitoring and follow-up procedures.

In the same vein, a number of respondents also criticised the time constraint of EAHC officials, including their limited availability over the telephone as well as long response times to emails. In addition, action leaders were concerned that the lack of resources of the EAHC could mean that not enough time is dedicated to fairly assess the implementation of individual actions.

Some action leaders also pointed out that there was a need for clear and uniform instructions for reporting on project progress, in order to give organisations more guidance on how to meet reporting requirements and reduce the substantial amount of time needed. Several action leaders also voiced concern that the quality and content of actions is not being considered enough during the monitoring, but that EAHC officials put an overly strong focus on the financial aspects of the actions.

The survey results also show moderate differences across the individual financing mechanisms regarding both the extent to which some of the channels listed have been used by the EAHC, as well as their effectiveness. For example, Project leaders felt that the EAHC mainly used meetings, while leaders of Operating Grants and of Direct Agreements felt that this was the case to a significantly lesser extent. More than half of all action leaders across all mechanisms, apart from action leaders of Operating Grants, felt that meetings have been used fairly / very effectively.

Across all financing mechanisms, action leaders felt that meetings, phone conversations and email exchanges have been used effectively.

Conclusions:

The evidence collected for this evaluation suggests that there is scope for increased monitoring to drive the dissemination of results of the Health Programme. The current process in place does not seem to be sufficient and adequate enough.

The case studies have shown that most actions do not outline an effective monitoring strategy in their proposals, which might have an impact on the promotion of their results in the future. The EAHC takes responsibility for monitoring and assessing the quality of dissemination plans and checking the deliverables produced. However, evidence shows that monitoring data and results are not actively communicated to external stakeholders (i.e. such as national authorities, academics, researchers or health practitioners).

Given that actions funded under the different financing mechanisms report different levels of usage regarding the EAHC channels to monitor and follow up on the results and implementation of activities, a more tailored approach would be beneficial for the effectiveness of this process.

Monitoring

- Monitoring processes (responsibility of EAHC project officers): Project officers need to have more oversight of actions (more interaction with action leaders), though in the current situation this is challenged by the lack of time and resources available;
- In terms of monitoring processes at Member State level, this appears to be very limited to none existent in most cases.

Promotion

- It is too early to speak about promotion of results, given that most actions are still ongoing, but the evidence collected suggests that monitoring processes / resources at Commission level are currently not sufficient;
- It is unclear if any resources at Member State level exist for the promotion of results of the Health Programme.

In addition, the evaluation has not found any evidence to what extent procedures are in place at Commission or Member State level to incite stakeholders to make use of actions' results. The Programme Committee members as representatives of Member States appear to have a limited knowledge of the results of HP actions themselves, and therefore the extent to which they can incite stakeholders to make use of the results seems to be even more limited.

11.4 Coherence

The following section provides findings and conclusions for the evaluation question under "Coherence".

11.4.1 EQ13: To what extent are consistency and complementarity ensured between Programme actions and other EU policies and activities, and with actions at national or international level?

11.4.1.1 Desk research

As part of this study, the evaluation team has undertaken a comparison of the Health Programme with other EU financial programmes (see section 5), such as:

- The Health Theme of the 7th Framework Programme;
- Programme of Community action in the field of consumer policy;
- Programme 'Drugs prevention and information'; and
- Programme 'Fight against violence' (Daphne 3).

The comparative exercise has shown that all of the programmes under assessment can be said to have some degree of complementarity with the EU Health Programme. The Health Theme under FP7 is the one that is the most compatible with the EU Health Programme, as both cover a broad menu of topics in the health field. As the other programmes are more focused on specific areas, they complement specific strands or projects under the EU Health Programme, but there is a lack of match with others. The degree of complementarity of the Health Programme with these other programmes can be therefore considered as medium.

11.4.1.2 Stakeholder interviews

HP areas consistent with concerns of International organisations

Representatives of International Organisations interviewed stated that the Health Programme's objectives are aligned with the focus of work of their organisations in most areas. There seems to be a good cooperation for topics such as obesity and climate change, and a fairly good synergy in the area of violence and injury prevention. Two interviewees mentioned that duplication of their work with the Health Programme is a problem which cannot always be avoided (i.e. the work of the action ECHE – European Conference on Health Economics - overlaps with the work of the OECD) and ways had to be found to work together to find ways of managing the overlap. It was also argued that there is a problem of duplication. However, one interviewee found that overlaps can be useful as the information produced can be complementary. For example, when organisations come up with different numbers on one issue, this can cause confusion. While EU Member States would usually consider data from both the EC and International Organisations, they might be suspicious in terms of policy-related analysis undertaken by the EC, and might rely more on the analysis provided by International Organisations. In that sense, the European Commission might be well placed to collect data on a topic, while International Organisations might be better placed to analyse this data and produce policy related information. One interviewee also mentioned that there are also areas of misalignment or inconsistencies. While the European Commission has politically been very supportive, at the same time the interest in environmental health is not well reflected in the Health Programme, and there has not been a clear push or commitment.

Scope for more collaboration between policy areas

While some interviewees from other EC financial programmes are involved in the interservice consultation process for the Health Programme and are included to review selected proposals in order to avoid duplication, the majority of officials found that a more comprehensive approach to the complementarity of sectoral policies is needed and data needs to be shared more effectively. Stakeholders perceived a lack of communication between DG SANCO and other DGs, as the dialogue has decreased due to a lack of funding. It was nevertheless recognised that the Health Programme is creating synergies (i.e. with DG MOVE in the Alcohol Forum) with other financial programmes and multiplying messages that are important in the area of public health, and that overlaps are avoided to a great extent.

Some Programme Committee members were able to identify synergies between the Health Programme and national initiatives:

Table 11 – Synergies between the Health Programme and national initiatives

Country	Topic Area	Activity
Germany	HIV/AIDS	National Aids Plan as well as other national health strategies exist at national level; these are not duplications of the HP, but

Country	Topic Area	Activity
		the activities in this field complement the activities at EU level.
Hungary	Cancer Mental Health Injury Prevention	National Cancer Control Programme; National Mental Health Programme; National Injury Prevention Programme These programmes are aligned with the Health Programme, other EU Initiatives and the WHO.
Spain	Health indicators	Ministry of Health developed a Programme on health indicators with regional governments in Spain, based on the work done at EU level.

Source: TEP interviews with stakeholders

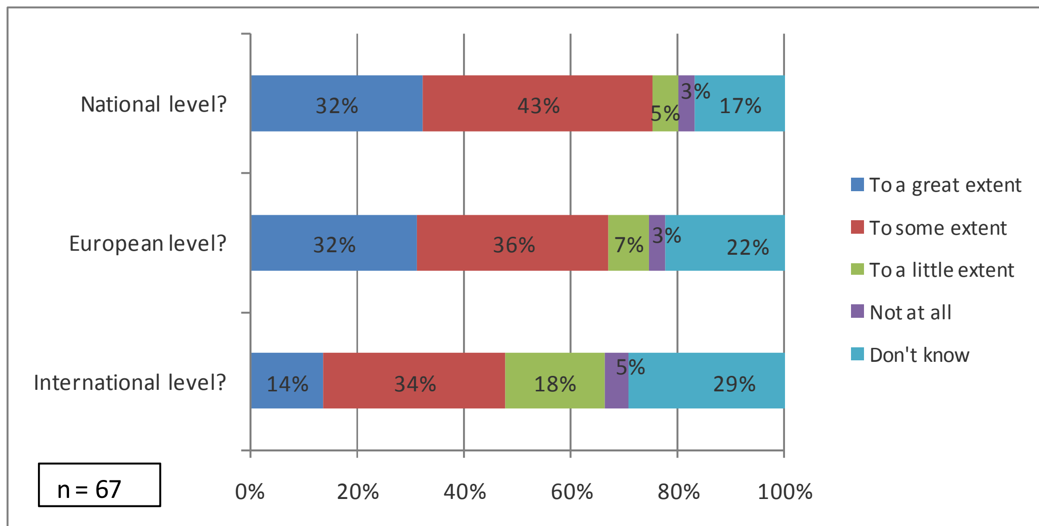
11.4.1.3 In-depth study of 14 actions

As part of the case study assessment, the evaluation team undertook an examination of public health interventions / activities related to the actions' topics and fields of activity. This analysis has shown that all actions assessed address issues that constitute public health concerns in EU Member States as well as internationally, and complement activities at national, EU and/or international levels. No significant overlaps or duplications with other existing activities at national or European level could be identified.

11.4.1.4 E-survey

While several action leaders stated that their actions have not come to an end yet, the survey results show that the development of similar actions as a result of actions funded under the Health Programme was still perceived as being high at national and European level.

Figure 24 - To what extent has your Health Programme activity been used to develop similar activities at:



Two-thirds of survey respondents thought that their action had been used to develop similar activities at the European level. Examples provided by action leaders included:

- Organisation of National High Level Roundtables organised / planned to be organised in several Member States, allowing main stakeholders from the Member State community and national authorities to review together national policies and weaknesses and prepare together the way forward for improvement for **Persons with Multiple Sclerosis;**
- The development of core competencies seems to be taken up in a number of European countries, both at practice level and within academic sectors. **CompHP core competencies** have been used to inform the structuring of postgraduate course learning objectives in Norway and Ireland.

An even greater proportion of survey respondents (75%) thought that their actions funded under the Health Programme have been used to fund similar activities at national level. Examples of similar activities at national level that were provided by action leaders included:

- Prevention policy in Brandenburg and Mecklenburg Vorpommern, which are based on the action's survey results; in Poland the method of Youth film days (developed by German BZgA) was adapted (stemming from the action **BORDERNETwork**);
- Italian HTA network, Latin American HTA network, collaborations between HTA institutions on specific topics (stemming from the Joint Action **EUnetHTA JA**);
- The European Food Safety Authority (EFSA) is preparing a Pan-European dietary survey, and is learning from EHES on aspects that are common to the surveys. In addition, European environmental biomonitoring activities and the ECDC have sought collaboration with EHES on the use of the collected blood samples to monitor environmental exposures and infectious disease antibodies in the population level. Moreover, the WHO/Euro is preparing its action plan for the prevention of noncommunicable diseases. Monitoring of the major modifiable risk factors has a central role in this, and the EHES methodology would serve the purpose perfectly. (**EHES JA**);
- In the development towards the WHO Global Alcohol Strategy, members of the youth network have played a part in their advocacy for the strategy, assisting the Global Alcohol Policy Alliance in its work and particularly the International Medical Students in addressing the issue at WHO Executive Board and World Health Assembly. In addition, a Nigerian Alcohol Prevention Youth Network has been established through contact with the APYN programme. (**APYN**);

- EUREGIO III is informing follow-up action planning with EU Member States' Ministries of Health. The Italian MoH identified EUREGIOIII as the basis for further capacity building through a joint action with other EU Member States. (**EUROREGIOIII**);
- Portugal established a national HIV/AIDS Civil Society Forum, which follows - where relevant - the European HIV/AIDS Civil Society Forum At the international level, the International Council of AIDS Service Organizations, of which AIDS Action Europe is the regional network, is utilising lessons learned with Aids Action Europe's policy development and communication strategy to feed into the international strategy (**AIDS ACTION EUROPE**);
- The action's results have been adopted by the Ministry of Health in Spain, and the autonomous regions in Spain of Madrid, Catalonia and Cantabria. They have been analysed in other countries, mainly Bulgaria and Slovenia. And they have been adopted by a new 7th Framework Programme (Refinement) to be used in 6 EU countries (**eDESDE-LTC**);
- The action was defined as cutting-edge by governmental authorities (ACMD, National Anti-drug Departments), especially in the UK and Italy. The action leader has been invited to attend a number of strategic meetings with the aim to influence drug prevention and education at the national and international level (**EAHC/2010/HEALTH/11**)
- The action has been used to promote the development of National prevention programmes e.g. Neonatal Screening for Haemoglobinopathies in Catalonia and Latvia and epidemiological registries, e.g. Belgium (**ENERCA3**).

Conclusions:

The findings of the evaluation lead to the conclusion that there is a level of consistency and complementarity between the actions funded under the Health Programme and other EU policies and activities, as well as activities at the national and international level, though this level varies in its extent according to topic areas.

The case studies have shown that several of the actions funded under the current Health Programme are follow-on actions from previous interventions funded through the EU. More specifically, HP actions often use/build on the results of interventions funded under the Research FPs or the previous HP. Some of them are also a result of EU policies or a position on an aspect of Public Health.

In this context, the fact that representatives from other DGs work closely with DG SANCO and are kept abreast of actions that fall into their area of competence is positively noted. There is scope to build on these relationships in the area of dissemination of the results.

The findings also show that the majority of actions are complementary to other activities at EU level and that there is little overlap. This leads the evaluation to conclude that a significant proportion of the work covered by the Health Programme's actions would not be carried out in the absence of the Programme.

In terms of the complementarity with actions at national level, there is an expectation that those in the Member States working in the relevant Public Health area have some level of awareness or are actually involved in the HP action funded. This leads to increased levels of complementarity and less chance of overlap.

Evidence collected for this evaluation also suggests that results of HP actions have been used to develop similar activities at the European and national level. This needs to be further verified in an end-term evaluation of the Health Programme, when actions are no longer running.

However, the evaluation concludes that data needs to be shared more effectively between actions

funded under the Health Programme and similar activities at national, European and international level, as well as between DG SANCO and other DGs. This will be important to create synergies and to better identify overlaps.

11.5 Utility

The following section provides findings and conclusions for the evaluation question under “Utility”.

11.5.1 EO14: To what extent has the Health Programme so far contributed / can contribute to EU-wide effects?

11.5.1.1 In-depth study of 14 actions

When testing the criterion “EU-added value” with stakeholders, there has been a positive response to the criteria developed by the EAHC on the seven ways in which to assess European added value, developed on the basis of the subsidiarity principle and Lisbon Treaty.

The seven criteria are summarised below[42], the refined version with the assessment of the case studies is attached to the report in the case study document (separate document to the Final Report).

1. **Implementing EU legislation**: The objective is to ensure that legislation is implemented correctly at the national level, so that it has a high potential added value.
2. **Economies of scale**: The objective of economies of scale is to save money, and to provide better service to citizens. It has a high added value, demonstrates the “return on investment” for Member States, and ensures sustainability.
3. **Promotion of best practice**: The objective is to grant to all citizens the benefit from state of the art best practice, and to ensure the capacity building where necessary. The main target is to apply “best practice” in all participating Member States.
4. **Benchmarking for decision making**: The objective is to facilitate evidence based decision making in order to make real time data available for comparison.
5. **Cross border threats**: The objective is to reduce risks and mitigate consequences of health threats.
6. **Free movement of persons**: The objective is to ensure high quality Public Health across EU Member States. The added value depends on the scale of the problem.
7. **Networking**: Assessment if the priority expected results have the objective to support or create networking activities, and who the expected members/objectives/structure of the networks are.

The findings can be summarised as follows:

[42] The seven ways to create EU added value, EAHC, Health Unit; provided to the study team during stakeholder interviews.

EU Added Value Criteria	EFHRAN	RADPAR	EURONEOSTAT II	CLUB HEALTH	TAKE CARE	EFRETOS	Aids Action Europe	EURORDIS-FY-2010	NANOGENOTOX	JA FOR ECHIM	VITO	OECD HealthData	UNAIDS	5ECCSRAD
	Project	Project	Project	Project	Project	Project	Operating	Operating	Joint Action	Joint Action	Tender	Direct	Conference	Conference
1. Implementing EU legislation:	1.0	1.0	1.0	1.0	1.0	3.0	2.0	2.0	1.3	1.0	0.3	3.0	2.0	1.0
2. Economies of scale:	1.5	1.0	1.0	1.0	0.5	1.0	1.5	1.5	1.5	0.5	0.5	1.5	1.5	1.0
3. Promotion of best practice:	2.3	2.0	2.3	2.7	2.3	3.0	3.0	2.3	2.7	0.0	0.0	3.0	3.0	3.0
4. Benchmarking for decision making:	0.5	0.5	0.5	0.5	1.5	2.8	0.0	2.0	2.5	1.8	1.3	2.8	2.0	1.0
5. Cross border threats:	1.5	1.8	2.3	1.3	0.3	2.0	2.3	0.3	1.8	0.0	0.0	1.8	2.5	1.5
6. Free movement of persons:	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
7. Networking:	3.0	2.0	3.0	2.0	2.0	2.0	3.0	3.0	3.0	3.0	1.0	1.0	3.0	2.0

0. **No EU Added value foreseen**
1. EU added value **potentially** (i.e. **Some** reference made to such an outcome in proposal)
2. EU added value **likely** (i.e. **Strong** reference made to such an outcome in proposal)
3. EU added value **almost certain** (i.e. A **key objective** of the Action outlined in proposal)

Source: TEP assessment of EU added value of 14 case studies assessed

EU added value of the HP actions assessed comes in various forms. An assessment of EU added value across 14 actions has provided a good insight into the HP programme's contribution in this respect.

EU added value appears to feature **most prominently** in the areas of:

- **Promotion of Best Practice:** *The objective is to ensure as much as possible that citizens can benefit from state of the art best practice, and to ensure capacity building where necessary. The target is to apply 'best practice' in all participating Member States.* The intention to share health-related best practices across Member States of the EU in addition to activities focussed on learning and support appears to be present in some shape or form in almost all the HP actions reviewed.
- **Networking:** *The objective is to ensure that new networks are established and that existing networks are reinforced and built upon. Effective networks play a crucial role in facilitating the promotion of best practice and can provide a solid foundation for sustainability.* HP actions are likely to bring about new networks although on the basis of the actions reviewed they are likely to have a greater impact (and add value) in terms of supporting and enhancing existing networks.

EU added value also exists to **some extent** in the areas of:

- **Economies of scale:** *The objective of economies of scale is to save money, and to provide a better service to citizens. It represents high added value, demonstrates the 'return on investment' for Member States and to some extent ensures sustainability. The target is to avoid duplication of efforts and the best performance indicator is the Cost/Benefit analysis.* While economies of scale are foreseen in the majority of actions, the ability for actions to actually quantify this is currently limited. It is acknowledged that quantifying Economies of Scale in a robust way is a complex issue. However this is an aspect that could be highlighted in future calls.
- **Implementation of EU legislation:** *The objective is to ensure that the results of actions will be used / contribute to the development of legislation. It has a high potential added value.* Again, it is envisaged that the results of many actions will be carefully examined and potentially used when considering future legislation. It is currently a challenge to assess the extent to which results do have this kind of impact but certainly something that should be looked at in the end term evaluation.
- **Benchmarking for decision making:** *The objective is to facilitate evidence based decision making and a target for this would be the availability of real time data for comparison.* Similarly to the implementation of legislation, it is envisaged that the results of many

actions will be used as a basis on which to formulate policy and / or base decisions of public health spending.

- **Cross border threats:** *The objective is to reduce risks and mitigate consequences of health threats. It very much depends on how suitable the established structures are to co-ordinate responses at EU (and global) level.* There is some level of emphasis put on the establishment of structures to deal with cross border threats across most Actions reviewed although as yet there is little evidence of seeing this being put into practice.

EU added value is seen **least** in the areas of:

- **Free movement of people:** Actions generally do not address the free movement of persons in the EU. Only two actions assessed as part of the case study exercise make reference to a potential outcome of their actions in that respect in their proposals.

11.5.1.2 Stakeholder interviews

HP perceived to be delivering EU added value

Overall, stakeholders were confident that the Health Programme can and already does contribute to EU-wide effects. Examples cited by Programme Committee members were the pooling of resources across the European Union and working on joint solutions (especially through Joint Actions), streamlining and the comparability of data collected across the EU. It was suggested that without the Health Programme, there would be fewer networks related to public health and less projects between Member States, especially in the new Member States which have to deal with a lack of funding. Specific examples cited include:

Table 12 – Examples for additionality of the Health Programme

Topic area	Additionality aspect
Coordination of health data between Member States	Would not have taken place without the Health Programme
Development of programmes for health information	Might not have been taken up in new Member States, given that this area might not be a priority for these countries with more urgent areas of work (e.g. economic issues)
Health monitoring	In Germany, indicators were chosen which are compatible with those set at the EU level in order to be able to compare data.

In addition, Committee members found that the Health Programme has put forward important issues on the EU and national political agendas, and without the Programme there would be less policy development and implementation at national levels. In addition, it was recognised that DG SANCO can make use of the Health Programme to drive their priorities at EU level forward, and that without the Health Programme, less progress in that respect would have been achieved. Some Committee members nevertheless stated that there is scope to demonstrate the value of the Health Programme more visibly.

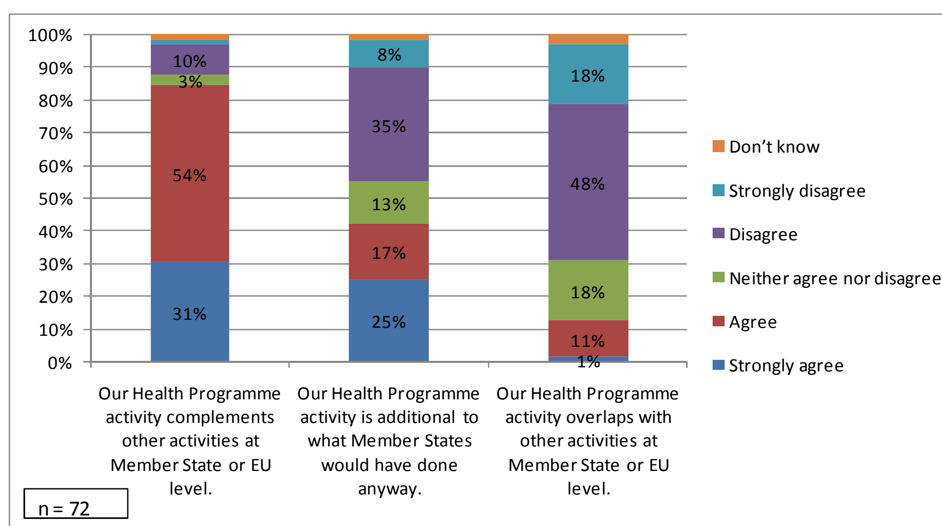
Even though the HP is considered a relatively small programme, representatives of International Organisations felt that the Health Programme has to some extent contributed to analysis and informed policy information and implementation across the EU. Important contributions were specified in the areas of obesity, physical activity or nutrition, as well as injury prevention,

especially with regard to harmonisation and comparability of information in this field. In addition, it was felt that the Programme had an impact on Public Health specialists across the EU and beyond, creating a strong community at European level, though any impact is hard to measure.

11.5.1.3 E-survey

There is an overall consensus among survey respondents that actions funded under the Health Programme complement other activities at Member State or European level, with 85% of respondents strongly agreeing or agreeing with this statement (n=72). About 42% of respondents thought that their actions are additional to what Member States would have done anyway, though 25% of action leaders disagreed with this statement. However, most respondents (66%) didn't think that their action overlapped with other activities at EU or Member State level.

Figure 25 - To what extent do you agree with the following statements on the contribution of your activity to EU-wide effects?



Broken down by country level, mainly respondents from Northern Europe (80%) did not think that their action funded under the Health Programme overlaps with other activities at Member State or EU level. The same was true for slightly lower proportions across the other three regions.

Survey respondents also perceived the Health Programme as contributing positively to policy making at both, the national and European level, and the results suggest a slightly stronger impact of the Programme at the national level.

More than half of action leaders responding to the online survey (n=68) felt that their action funded under the Health Programme has contributed to the public health policy debate at the national as well as the EU level to a great / some extent.

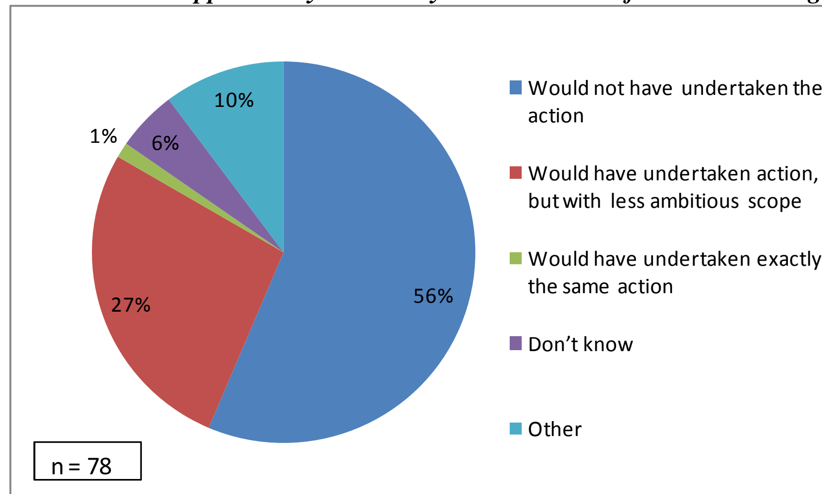
However, levels of actions' contributions to policy debate, policy definition and implementation seem to differ across the different financing mechanisms. Especially leaders of actions funded under the financing mechanisms "Conferences" (n=9), "Operating Grants" (n=5) and "Joint Actions" (n=5) were positive that their actions have contributed to the public health policy debate at the *national level*.

Less than half of "Project" leaders (n=39) felt that their action contributed to the public health policy debate at the *EU level* to a great / some extent, with just over a quarter indicating that their action made little or no contribution at all in this respect.

In terms of the additionality of the actions funded under the Health Programme, the findings of the online survey indicate that the current Health Programme is mainly funding actions that would not

have otherwise taken place, or at least not to the same extent. This suggests that there is currently no other funding mechanism in place to support this diverse range of health-related activities available. The majority of action leaders responding to the online survey (56%; n=78) stated that they would not have undertaken their action in the absence of the Health Programme.

Figure 26 - What would have happened to your activity in the absence of EU Health Programme funding?



Almost one-third of respondents thought that they would have undertaken the action anyway, but with a less ambitious scope, while only very few action leaders (1%) had the view that they would have undertaken their action in exactly the same way in the absence of the Programme.

Broken down by financing mechanism, especially Project-, Tender- and Conference leaders felt that they would not have undertaken their actions in the absence of the Health Programme, while leaders of Operating Grants as well as leaders of Direct Agreements mostly stated that they would have undertaken their action anyway, but with a different scope. However, these results were to be expected, given that Operating Grants support the work of already existing organisations, and Direct Agreements are between the EC and International Organisations, such as the WHO or the OECD, who would have cooperated in one form or another anyway. Thus, the Health Programme can be seen to be particularly supportive to Projects, Tenders and Conferences.

Conclusions:

The findings of the evaluation suggest that the majority of actions funded under the Health Programme have contributed to a great extent to EU wide effects when taking into account the seven ways of which to assess European added value developed by the EAHC.

The evidence collected shows that EU added value of the HP actions comes in various forms. The case study findings show that it appears to feature most prominently in the areas of "promotion of best practice" and "networking", and is seen least in the area of "Free movement of people".

While "Economies of Scale" are foreseen in the majority of actions, the ability for actions to actually quantify this is currently limited. In addition, it is envisaged that the results of many actions will be carefully examined and potentially used when considering future legislation. It is currently a challenge to assess the extent to which results do have this kind of impact but certainly something that should be looked at in the end term evaluation.

Similarly to the implementation of legislation, it is envisaged that the results of many actions will be used as a basis on which to formulate policy and / or base decisions of public health spending.

It seems very likely that most actions would not have taken place or would have been undertaken

with a less ambitious scope in the absence of Health Programme funding. Actions have a specific European focus and therefore securing funding from sources beyond the European Commission is unlikely. It seems that the Health Programme is the main funding mechanism in place to support such a diverse range of health-related activities. In some instances it might be possible to attract funding from elsewhere, but these opportunities are few and far between.

12 RECOMMENDATIONS

This chapter brings together the recommendations of this evaluation, which are based on the results of the data collection and analysis undertaken throughout the evaluation process, particularly on the main findings and conclusions contained in the previous chapter. The recommendations are presented per evaluation issue (relevance, effectiveness, efficiency, coherence and utility).

Relevance

Recommendations for EQ 1 (Relevance of objectives):

The objectives of the Health Programme (2008-2013) are broad and therefore cover the main areas of public health concern in the EU. However, because the HP objectives are so broad, there is scope for the HP to become more focussed and have a clearer intervention logic *(i.e. how a set of activities associated with a given intervention are related to the outcomes that result from implementing the intervention)* particularly given that the financial resources are limited. In this context the HP would benefit from 1. Better defining its overall objectives, 2. Determining how the objectives will be reached, and 3. Measuring progress against the objectives.

- It is recommended that DG SANCO look to refine the objectives of the Health Programme, in order for them to be more tangible and focussed on certain public health issues, especially those that are difficult for Member States to reach individually, and for indicators to be determined so that progress can be measured in terms of the extent to which these objectives are achieved.

Recommendations for EQ 2 (Relevance of priorities):

The evaluation concludes that the priority actions set out in the Annual Work Programmes are in line with the objectives of the Health Programme. However, the way which these priorities are agreed upon is challenging. Building a consensus view on priorities can be difficult when there are quite a number of stakeholders, with varying points of view, involved.

- Leading on from the above recommendation, it is necessary to better define a framework for the Health Programme in which the priority areas clearly fit with and complement the objectives of the overall programme. In addition, clear targets need to be introduced for the Health Programme as well as the priority areas. It is therefore recommended to refine the current process to be more strategically planned, and also providing a clearer rationale on how DG SANCO has arrived at the priorities in the Annual Work Programmes.
- In order to have a more targeted and strategic approach to determine priorities for the Health Programme, it would be advisable to introduce a framework in which competent health experts are consulted to determine the main health issues in the individual Member States. This process is likely to better reflect the real needs of Member States. In this context, the Health Programme could for example focus more on those issues that are challenging to be achieved by individual Member States on their own.
- DG SANCO should also examine the possibility of engaging Member States' representatives earlier in the process and to have a consistent approach to get their views and perceptions on what priorities need to be set each year. For example, it would be advisable to introduce a framework / a mechanism through which competent health experts could be consulted and engaged earlier in the process of setting priority areas to determine the main health issues in the individual Member States. It is therefore recommended that DG SANCO works on mechanisms to make this possible

Recommendations for EQ 3 (Relevance of priorities vis-a-vis HS):

The evaluation concludes that overall, the priority actions of the Health programme are relevant to the principles and objectives set in the Health Strategy. The findings derived from this study were fed into the Evaluation of the Health Strategy, undertaken in parallel to this evaluation at hand, and recommendations for the evaluation stemmed from this exercise. In this context, the mid-term evaluation of the Health Strategy recommended that, if DG SANCO decided not to make any changes to the Health Strategy and to continue as has been the case for the past three years, it would allow the EU Health Strategy to continue to function as a reference framework and inspiration for health policy primarily for the EU institutions. The evaluation suggested that, while this would bring with it a number of benefits in terms of a continuation of the wide breadth of EU-level (in particular DG SANCO, but also MS) action in relation to the EU Health Strategy, it would also mean that the EU Health Strategy would not be implemented as effectively as it could be, be it by the Commission, the coordination mechanisms or other stakeholders.**Recommendations for EQ 4 (Relevance of selected activities for funding):**

The evaluation concludes that the actions selected for funding generally seem to correspond to the objectives of the Health Programme which tells us that the selection process in place appears to be working effectively.

- It is therefore recommended that the requirement for proposals to outline the extent to which their proposed action will comply with the priority areas in the AWPs and with the overall objectives of the Health Programme should be continued..
- In addition, it is recommended that DG SANCO officials continue assessing proposals according to their policy relevance, and external evaluators to continue rating proposals according to their evidence base.

Effectiveness

Recommendations for EQ 5 (The Programme results):

While it is too early to make an assessment of the extent to which the results of actions funded achieve the objectives of the Health Programme, the evaluation concludes that action outputs and results are largely in line with and will be fulfilling the Health Programme's objectives.

- It is recommended, however, to examine the extent to which actions' results achieve the HP objectives in more detail during an end term evaluation of the Health Programme.

Recommendations for EQ 6 (the Programme's financial mechanisms):

The evaluation concludes that the introduction of specific and new financial instruments has generally been received positively and was taken up to a large extent.

- The evaluation therefore recommends to continue employing the current system of different financing mechanisms. It is too early in the process to make an assessment whether the use of different financial mechanisms has led to more effective outputs. Anecdotal evidence suggests that there is no significant difference between the new financing mechanisms in this respect, but that the effectiveness of outputs might be determined by other factors, such as the appropriate use of an intervention logic or the use of an effective dissemination strategy.
- It is also recommended that action leaders be consulted on their experiences of the new financing mechanisms, the pros and cons of each and what aspects they would change/improve at the end of each project.

Recommendations for EQ 7 (The technical quality of proposals):

Similar to the conclusions drawn at the Programme level, the evaluation concludes that there is scope for improving the way in which the intervention logic models (a depiction of how a set of activities associated with a given action are related to the outcomes that result from implementing the action) are presented at the action level, particularly in proposals. There are numerous potential benefits of a clearer articulation of the strategic thinking behind an action. For example, a clear understanding of the objectives (at general and operational levels) of an action is likely to lead to a more effective implementation (if people know where they are heading and what they have to do to get there, they generally stand a better chance than if something is not so well thought through). It is also likely that communication will improve as a result of a more clearly defined action in addition to the way in which progress is measured and evaluated on an ongoing basis.

- It is therefore recommended that DG SANCO and the Executive Agency provide clearer guidelines on and monitor take-up of intervention logics and theories of change to participants at proposal stage. This would include definitions and very clear examples of Inputs, Outputs, Results, Outcomes and Impacts of an action. It is also essential that objectives are SMART, so that progress can be measured.
- DG SANCO / the EAHC should also provide clearer guidelines to applicants at proposal stage on and monitor take-up of the setting of indicators that could provide an insight into the extent to which the outcomes are being / have been achieved. Without these it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment;
- In addition, it is recommended that DG SANCO / the EAHC more clearly defines what is required in some parts of the application form, given that applicants might have different understandings of certain terms used. For example, the evidence needed in the section “evidence base” might not necessarily be interpreted in the same way by a doctor and a social scientist.

Recommendations for EQ 8 (The results’ dissemination):

The evaluation concludes that the dissemination of HP action results and their public availability is one of the main challenges for the effective implementation of the Health Programme. It is necessary for the European Commission to provide a more systematic approach to dissemination.

- In this context, it is recommended that DG SANCO / the EAHC provide clearer guidelines to action leaders how to define target groups and to outline dissemination plans to make action results publicly available.
- In order to ensure the dissemination of results by actions themselves, it is recommended that actions allocate part of the EC funding to dissemination and clearly outline this in the financial statements of proposals.
- In addition, once actions have come to an end, it is recommended that the European Commission becomes more active in disseminating results by making better use of their channels, i.e. the Public Health website, DG SANCO publications, newsletters etc. Actions and their results need to be built into a regular reporting system to ensure that the information is being disseminated and used.
- In order to reach national policy makers, DG SANCO and the EAHC should start disseminating HP project results systematically. Policy Committee members could be informed about actions results through short summaries of those actions that have recently come to an end. Alternatively, action leader could come to Programme Committee meetings and speak to the members directly about their research. In addition, the reports to the European Parliament, Council and Committee of the Regions that DG SANCO prepares annually could integrate summaries and references of previously done result dissemination and communication activities to further disseminate and promote the Programme.

- In line with this recommendation, the "High Level Conference on EU Health Programmes: results and future perspectives", which DG SANCO plans for March / April 2012, is the sort of initiative that has the potential to assist the dissemination effort.
- It is also recommended to improve the communication between DG SANCO, the EAHC and the Programme Committee in order to inform the latter about events related to the Health Programme, press conferences etc. EAHC officials could communicate to the Programme Committee some of the constraints they are under or some of the views they hold (i.e. on financing small Operating grants when the administration will outweigh the costs of running the action).

Efficiency

Recommendations for EQ 9 (The efficient Programme implementation):

The process of allocating funding across the Health Programme's general objectives, the priority actions and the specific financing mechanisms does not appear to be systematic (there does not seem to be a process in place for the allocation of funding) or consistent (the allocation of funding is different each year). The allocation of funding appears largely to be determined by DG SANCO officials based on what they consider to be priorities at the time.

- In order to ensure an effective implementation of the Health Programme, it is recommended that DG SANCO develops a more strategic plan for long-term targets to be achieved. According to this framework, appropriate priority actions could then be set, financing mechanisms be selected and an appropriate spread among the objectives and priorities ensured. DG SANCO needs to explain / document this process clearly and provide rationale / justification behind varying levels of funding targeted at each objective.

Recommendations for EQ 10 (Proposal application and selection):

The evaluation concludes that the application processes in place constitutes an improvement to the process under the previous Health Programme. The current processes generally ensures that the most appropriate and competent applicants are selected for funding. The fact that the EAHC is open to feedback from applicants and provides guidance to smaller organisations should be noted.

- It is recommended that the EAHC continues undertaking satisfaction surveys with applicants selected for funding and those rejected, in order to remain aware of problems organisations might encounter when applying for funding under the Health Programme, and also to take stock of the type of organisations (i.e. in terms of size and outreach) that are funded / rejected. This will help to ensure an equal access for all applicants to received funding in future years.

Recommendations for EQ 11 (For improved efficiency):

The evaluation found that there is scope to improve the efficiency of the Health Programme in certain areas.

- It is recommended to develop a "lighter" and less complex application process with less administrative burden. For example, this could be done by introducing a "pre-selection" round of short descriptions of proposed actions. This process would be especially helpful for new or small organisations that might apply for funding under the Health Programme which face high costs if their proposals are submitted but not won.
- While the outsourcing of the daily management of the Health Programme and the actions funded is working well, it is also recommended that the overall responsibility for monitoring and reporting on the allocation and commitment of funding rests with one organisation. This is

now the case, and early indications demonstrate that this system is working. There should be a clearly documented process though for how data is fed into the system, and the database of actions funded under the Health Programme should be kept as up to date as possible.

Recommendations for EQ 12 (Monitoring of processes and data):

The evaluation concludes that the current monitoring processes and resources available for the promotion of the results of the Health Programme and the incitement of stakeholders are not sufficient enough.

- As stated above, while the EAHC is responsible for the monitoring of actions funded, it is recommended to reduce the workload of EAHC project officers in order for them to be able to provide more guidance and support to action leaders.
- The EAHC should also carry out a more in-depth assessment of a sample of actions every year, for example in a case study format similar to the one undertaken for this evaluation. This would enable project officers to develop a more in-depth assessment of actions funded, but also to have data available to publish and further disseminate among stakeholders involved or interested in the Health Programme.
- In terms of the promotion of the results of the Health Programme, there is also scope for DG SANCO to play more of an active role. This is particularly the case for studies carried out under the "Tenders" financing mechanism.
- There is scope for Member State authorities to be further informed on the progress of the Health Programme and the outputs / results emanating from the actions. The European Commission could provide guidance on how Member State authorities could effectively disseminate these outputs and results, i.e. by sending out simple newsletters, regular updates on actions coming to an end, case studies / interviews with action leaders, website updates etc.

Coherence

Recommendations for EQ 13 (The Programme's consistency and complementarity):

The evaluation concludes that there is consistency (the extent to which positive / negative spillovers onto other policy areas are being maximised / minimised) and complementarity (policy areas that involve complementary components) of the actions funded under the current Health Programme with other actions at international, European and national level.

- In order to make full use of these consistencies and complementarities, it is recommended that data is shared more effectively between actions funded under the Health Programme and similar activities at national, European and international level, as well as between DG SANCO and other DGs. For example, this could be done through networking meetings, conferences etc. This will be important to create synergies and to better identify overlaps. At the next Programme Committee meeting, DG SANCO could brainstorm with Member States' representatives on how to improve the current process. In addition, DG SANCO could also organise an internal brainstorming in form of a "listening exercise", in which all necessary stakeholders could raise their views on how to better coordinate and enhance synergies between the Health Programme and other Programmes in the area.

Utility

Recommendations for EQ 14 (The Programme's EU-wide effects):

The evaluation concludes that actions funded under the Health Programme contribute to EU-wide effects.

- In this context, it is recommended that EU added value of actions should feature to a greater extent in the application process. Applicants should describe the type of EU added value their action will bring, perhaps making use of the seven EU added value criteria developed by the EAHC and used as part of this evaluation.
- The template used for assessing EU added value developed as part of this evaluation might be considered a starting point for the future assessment of EU added value in proposals. Applicants could provide a self-assessment of EU added value which would be assessed and validated during the evaluation process.

13 PREVIOUS RECOMMENDATIONS AND THEIR IMPLEMENTATION

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
1. Priorities should be more explicitly set. Priorities established at the Programme level should reflect the answers to three questions. (1) The extent of the public health problem. This should include both actual impact and (in the case of disease prevention and health promotion) the expected impact. (2) The tractability of the problem in hand. For example, if the intention is to fund research activities, what is the (expert) opinion about the likelihood that the activity will deliver usable outputs and outcomes? 'Usable' should be understood to mean being not only scientifically valid, but also administratively feasible and acceptable and relevant to the wider community of European public health practitioners and policy	N/A	1. DG SANCO should reduce the number of priority areas in the annual work plans by allowing a maximum of 5 priority areas in each of the three strands to increase the impact within the priority areas, bringing them to not more than 15 per yearly call.	X	1. The evaluation recommends that DG SANCO looks to refine the objectives of the Health Programme for them to be more tangible and focussed on certain public health issues, especially those that are difficult for Member States to reach individually, and for indicators to be determined so that progress can be measured in terms of the extent to which these objectives are achieved.

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
makers. (3) Why should the activity be funded specifically at the European level.				
2. A formal logic modelling exercise would help to inform the design of the new Programme, would support learning, and would deepen accountability.	X	2. DG SANCO should ensure that the priority areas in the AWPs are focused and based on a thorough analysis of needs and European added value. This analysis should be carried out by public health experts versed in these issues.	X	2. To ensure an effective implementation of the Health Programme, it is recommended that DG SANCO develops a plan for long-term targets to be achieved by the Programme. In conjunction with other policy implementation tools, appropriate priority actions could then be set, financing mechanisms selected and an appropriate spread among the objectives and priorities ensured. DG SANCO needs to explain and document this process clearly and provide a rationale / justification behind varying levels of funding for each objective.

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
3. The priorities of the Programme Decision and the work plans should more actively shape the work of the projects, and this has implications for pre-selection, selection, monitoring and dissemination.	✓	3. EAHC should reveal gaps in the coverage of a priority area by the supported projects to ensure better coverage in future project funding decisions	X	3. It is also recommended that DG SANCO and the Executive Agency provide clearer guidelines at proposal stage and encourage / follow-up their usage, for example: a. intervention logics and theories of change to participants (definitions and very clear examples of Inputs, Outputs, Results, Outcomes and Impacts of an action); b. setting indicators that could provide an insight into the extent to which the outcomes are being / have been

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
				achieved. Without these it is difficult to determine how effective an action has been and the extent of its impact at the point of assessment; c. how to set SMART objectives in order to effectively measure progress; d. definitions of what is required in certain sections of the application form, i.e. "evidence base", given that applicants might have different understandings of certain terms used (without interfering in the peer review

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
				process and without encroaching on the capacity of the applicants to formulate the evidence base); e. assessing potential "EU added value" along clear and quantifiable criteria (this aspect is crucial and therefore guidance on it should be made very clear); f. defining target groups / dissemination plans / evaluation plans.
4. Projects should be required to produce a legacy plan showing how their work will be sustained beyond the point at which EU funding ended (unless a compelling case	X	4. DG SANCO should earmark a part of the budget of each AWP to funding of activities in areas with the aim to tackle unexpected public health problems that may arise after the drawing up of the AWP.	✓	4. The EU added value of actions should feature to a greater extent in the application process. As a condition sine

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
could be made for not doing so).				qua non, applicants should describe the type of EU added value their action will bring, potentially making use of the seven EU added value criteria developed by the EAHC and used as part of this evaluation. The template used for assessing EU added value, developed as part of this evaluation, might be considered a starting point for the future assessment of EU added value in proposals. Applicants could provide a self-assessment of EU added value which would be assessed and validated during the evaluation process.
5. The new Programme from the outside should be more actively 'marketed' both to ensure it is visible to those who might benefit from it,	X	5. DG SANCO should in collaboration with the EAHC define clear performance indicators (success criteria) at programme level in order to facilitate follow-up and evaluation of the	X	5. In order to ensure the dissemination of results by actions themselves, the evaluation

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
and to ensure that its purpose is clearly and widely understood.		achievements. These success criteria should be based on a thorough elaboration of the intervention logic underpinning the different areas and priorities of the programme.		recommends that actions allocate parts of the EC funding to dissemination, and to clearly outline this in the financial statements of proposals. Once actions come to an end, it is recommended that DG SANCO makes better use of its dissemination channels, i.e. the Public Health website, DG SANCO publications, newsletter etc. In order to reach national policy makers, DG SANCO and the EAHC should start disseminating HP project results systematically, i.e. in the form of short summaries, to inform Policy Committee

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
				members. In addition, the reports to the European Parliament, Council and Committee of the Regions that DG SANCO prepares annually could integrate summaries and references of previously done result dissemination and communication activities to further disseminate and promote the Programme. Furthermore, the "High Level Conference on EU Health Programmes: results and future perspectives", which DG SANCO plans for March / April 2012, is the sort of initiative that has the potential to assist the dissemination effort.

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
				Finally, the communication between DG SANCO, the EAHC and the Programme Committee needs to be improved in order to inform the latter about events related to the Health Programme, press conferences etc. EAHC officials could also communicate to the Programme Committee some of the constraints they are under or some of the views they hold (i.e. on financing small Operating grants when the administration will outweigh the costs of running the action).
6. The new Programme should build on the work of involving new Member States, and should continue to	✓	6. DG SANCO should earmark a part of the budget in the AWPs as easy accessible funds towards additional dissemination efforts. These should be	X	

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
forge working relationships with international organisations.		distributed based on a separate "fast track" and simple application procedure. However, this might require a change in the financial regulations.		
7. The new Programme should consider a more systematic filtering system to reduce the burden of large numbers of full proposals.	X	7. EAHC should develop a final report template on outputs / results / impacts to be used by all beneficiaries as a supplement to the technical implementation report.	X	
8. The new Programme should consider adopting a team-based, rather than officer-based approach to managing the relationships with the projects.	X	8. Member States (e.g. Programme Committee members) should at a regular basis collect information about relevant activities at national level, e.g. through public consultations every two or three years, and pass on this information to the Commission	X	
		9. EAHC should in cooperation with DG SANCO and other DGs carry out regular mapping of activities under the framework programmes for research and development and thereby increase the motivation of other DGs to engage more actively in inter-service consultation.	X	
		10. EAHC and DG SANCO should pursue inclusion of Member States which appear inactive in the programme. These are typically countries with a relatively low GDP/capita. Inclusion could be pursued by providing technical assistance to write proposals (EAHC) or	X	

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
		by increasing the EC financial contribution (DG SANCO), possibly on the basis of an alternative cost model.		
		11. EAHC should distribute an information package with relevant targeted information about the programme to each Programme Committee and National Focal Point members.	X	
		12. EAHC should encourage that annual information days are still held at both EU and national levels to increase familiarity with the programme and annual priorities.	✓	
		13. Each Member State should establish a help desk to provide support to potential applicants to overcome barriers relating to funding procedures and reporting.	X	
		14. EAHC should compile monitoring reports on a yearly basis based on common management performance indicators.	X	
		15. EAHC should predefine keywords for the categories of interventions, health issues and the target groups. The project applicants must choose the keywords which best describes their projects. This improved information about coverage of health objectives will enhance both funding decisions and evaluation exercises.	X	

Health Programme 2003-2008				Health Programme 2008-2013
Interim Evaluation (RAND, 2007)	**Implementation**	**Ex-post evaluation (COWI, March 2011)**	**Implementation**	**Interim evaluation (TEP, 2011)**
		16. EAHC should compile brief descriptions of project results, compatible with the existing database, including considerations about use potential and policy recommendations if relevant, and disseminate these to Commission staff and national stakeholders at the political level, under the caveat that such producers do not increase the administrative burden for the end user and grant holders unnecessarily.	X	
		17. Project applicants should be requested by EAHC to include considerations about involvement of potential users during project implementation and sustainability in their project applications.	X	

When looking at the recommendations made by the two previous evaluations of the former Health Programme (2003-2007), it seems that there is a lot of scope for improvement for DG SANCO to further implement and follow up these recommendations. It has to be taken into account though that these evaluations concerned a different Health Programme, and that the Ex-post evaluation was only finalised a few months before this current evaluation exercise. It nevertheless has to be noted that several recommendations made in the past are recurring, such as the more specific and focused setting of priority actions, the need for an intervention logic of the Health Programme, the stronger inclusion of Member States and national policy makers and the need for better dissemination of action results. There seems to be the need for DG SANCO to review these recommendations and to ensure that they are taken up in a more systematic way.

14 EVALUATION TIMETABLE

The diagram below shows the duration of each phase and the envisaged timing of the tasks and deliverables, based on the timetable specified in the Terms of Reference and the actual project start date.

Table 13 – The Timetable

MAIN ACTIVITIES	Week commencing																																			
	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	21-Mar	28-Mar	04-Apr	11-Apr	18-Apr	25-Apr	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun	20-Jun	27-Jun	04-Jul	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct
Phase 1 - Inception and structuring																																				
Steering group meeting																																				
Submit revised inception report																																				
Phase 2 - Data gathering and analysis																																				
Finalise methodology and tools																																				
Desk research																																				
E-survey of all action leaders																																				
Stakeholder interview programme																																				
Interviews with external experts																																				
in-depth study of a sample of actions																																				
Submit Intermediate Report																																				
Steering group meeting																																				
Phase 3 - Judgment and final reporting																																				
Analyse and triangulate data																																				
Draft Final Report																																				
Steering group meeting																																				
Wait for / address comments on Draft Final Report																																				
Submit Final Report																																				

ANNEXES

ANNEX 1: EVALUATION QUESTION MATRIX

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
Relevance	**EQ1**: To what extent are the objectives of the HP relevant to the needs of the area and the problems it was meant to solve?[43]	Extent to which HP objectives are consistent with the needs and problems they were meant to address in the views of stakeholders	✓ Level of consultation with MS re HP objectives ✓ Level of consultation with other stakeholders (Experts, other DGs, Policy committee members, International organisations) ✓ Stakeholder's perceptions as to whether the HP objectives address the needs and problems in the area of Health	✓ Desk Research - Review of evidence and rationale for HP objectives (EC inputs, MS inputs, meeting minutes) Stakeholder interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points/European Parliament/NGOs/Internati onal Organisations)
	EQ2: To what extent do the priority actions[44] in the Annual Work Plans (AWP) ensure their relevance in relation to the objectives set in the Health Programme?	Extent to which the rationale and criteria behind the selection of the number and type of priority actions for the AWPs is appropriate to ensure sufficient coverage of the HP objectives	✓ Type and number of priority actions for the AWP that have been implemented since 2008	✓ Desk research - Review of evidence and rationale for determining AWPs (EC inputs, MS inputs, meeting minutes) - Review of the AWPs
			✓ Stakeholders' perceptions (and their level of awareness) of the rationale and criteria of the priority actions	✓ Stakeholder interviews (DGSANCO/EAHC/Progr amme Committee/National Focal Points/EP)
		Extent to which priority actions in the AWPs fit the HP objectives	✓ Level of consistency between priority actions and HP objectives	✓ Desk Research - Mapping of priority actions with HP objectives

[43] Please note that in answering this question the evaluation will not be mapping the health needs across the EU and seeing whether the Health Programme's objectives reflect these. As reflected in the matrix the question will be tackled examining the level of consultation during the development of the HP in addition to gauging the perceptions of relevant stakeholders.
[44] Actions in the AWP are generally accompanied by specific description of the intended outcome and linked to the actions referred to in article 2(2) of the Programme Decision.

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Stakeholders' perceptions (and their level of awareness) of the priority actions' fit with the HP objectives	✓ Familiarisation interviews (DG SANCO/EAHC/Programm e Committee)
				✓ Stakeholder interviews (Programme Committee/National Focal Points/EP/NGOs)
		Extent to which all priority actions in the AWPs contribute to the achievement of the Programme's objectives	✓ Number and types of projects funded under each of the priority actions	✓ Desk Research - Mapping of priority actions to funded projects
			✓ Level of consistency of proposed project outcomes and priority actions	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions (and their level of awareness) on whether priority actions in the AWPs contribute to the achievement of the HP's objectives	✓ Familiarisation interviews (DG SANCO/EAHC)
				✓ Stakeholder interviews (EAHC/Programme Committee/National Focal Points)
		Extent to which sustained funding over longer periods is needed for the actions' implementation	✓ Evidence from projects on the need for sustained funding over longer periods for the actions' implementation	✓ In-depth study of 25 actions
			✓ Perceived need for sustained funding over longer periods for the actions' implementation	✓ E-survey with all action leaders

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
	EQ3: To what extent do the priority actions ensure their relevance in relation to the principles and objectives set in the Health Strategy?	The rationale and criteria behind the selection of the number and type of priorities for the AWPs in view of the Health Strategy	✓ Numbers and type of priority actions for the AWPs	✓ Desk research - Review of evidence and rationale for determining AWPs (EC inputs, MS inputs, meeting minutes) - Review of the AWPs
			✓ Stakeholders' perceptions on the rationale and criteria behind the selection of the number and type of priorities for the AWPs in view of the Health Strategy	✓ Familiarisation interviews (DG SANCO/EAHC/Programme Committee/NGOs)
		Extent to which all the priority actions in the AWPs fit with the Health Strategy's principles and objectives	✓ Level of consistency between priority actions and HS principles and objectives	✓ Desk Research - Mapping of priority actions with HS principles and objectives
			✓ Stakeholders' perceptions (and levels of awareness) on whether the priority actions in the AWPs fit with the Health Strategy's principles and objectives	✓ Familiarisation interviews (DG SANCO/EAHC)
				✓ Stakeholder interviews (Programme Committee/National Focal Points/EP)
		Extent to which all priority actions in the AWPs contribute to the achievement of the Health Strategy's principles and objectives	✓ Stakeholders' perceptions (and levels of awareness) on whether the priority actions in the AWPs contribute to the achievement of the Health Strategy's principles and objectives	✓ Familiarisation interviews (DG SANCO/EAHC)
				✓ Stakeholder interviews (EAHC/Programme Committee/National Focal Points/EP)
	EQ4: To what extent do the activities selected for funding correspond to the objectives of the Health Programme?	Extent to which the selection procedures, award criteria and specific financial mechanisms contribute to the achievement of the HP objectives	✓ Evidence demonstrating sound rationale behind the selection procedures, award criteria and specific financial mechanisms	✓ In-depth study of 25 actions

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Stakeholders’ perceptions of the rationale behind the selection procedures, award criteria and specific financial mechanisms	✓ Familiarisation interviews (DG SANCO/EAHC)
				✓ Interviews with experts responsible for the evaluation of proposals
			✓ Stakeholders’ perceptions on how the selection procedures, award criteria and specific financial mechanisms contribute to the achievement of HP objectives	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points)
		Extent to which the funded activities fit with the HP’s objectives	✓ Level of consistency between funded projects and HP objectives	✓ Desk Research - Mapping of funded projects with HP objectives
				✓ In-depth study of 25 actions - Review of intended results as per project proposal
			✓ Stakeholders’ perceptions on the fit of funded activities with the HP objectives	✓ E-survey with all action leaders
			✓	✓
		Extent to which the information and guidance provided to applicants (e.g. in relation to timing, requirements, description of priorities, etc.) was sufficient in quantity and of high quality	✓ Evidence demonstrating quantity and quality of information / guidance provided to applicants (i.e. in calls for proposals / award decisions)	✓ Desk review
				✓ Stakeholder interviews (DG SANCO/EAHC)
				✓ In-depth study of 25 actions
				✓ Interviews with experts responsible for the

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
				evaluation of proposals
			✓ Stakeholders' perception of the quantity and quality of information and guidance provided to applicants	✓ E-survey with all action leaders
		Extent to which the information and guidance provided contribute to better fit activities into the HP's objectives and priority actions	✓ Evidence demonstrating the extent to which information and guidance contributes to better fit activities into the HP objectives / priority actions	✓ E-survey with all action leaders
				✓ In-depth study of 25 actions
Effectiveness	**EQ5**: What are the results[45] so far of the activities selected for funding in achieving the objectives of the Health Programme?	Extent to which the activities selected for funding have achieved the HP's objectives to date	✓ Evidence demonstrating outputs / results of the funded actions to date (as per project reports) are contributing to / in line with HP objectives	✓ In-depth study of 25 actions - Review of interim / expected results
			✓ Stakeholders' perceptions of the results so far of the activities funded in achieving the HP objectives to date	✓ Stakeholder interviews (DG SANCO, EAHC, Programme Committee/National Focal Points)
				✓ E-survey with all action leaders
	EQ6: To what extent does the use of specific and in particular new financial mechanisms (operating grants, joint actions, conferences) and tenders help to increase effectiveness in the delivery of their outputs?	Extent to which there is sufficient rationale behind the use of specific and new financial mechanisms	✓ Type and number of specific and new financial mechanisms	✓ Desk research - Review of evidence and rationale for determining type and number of specific AWPs (EC inputs, MS inputs, meeting minutes) - Review of the AWPs

[45] It has to be noted that this will only apply to intermediate results given that this is a mid-term evaluation and most funded activities have not come to an end yet.

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Stakeholders' perceptions of the rationale for the use of specific / new financial mechanisms	✓ Familiarisation interviews (DG SANCO/EAHC)
				✓ Stakeholder interviews (Programme Committee/National Focal Points/EP/NGOs)
		Extent to which the specific and new financial mechanisms are effective in the delivery of their outputs	✓ Evidence demonstrating the strengths and weaknesses of the financial mechanisms in the delivery of their outputs	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions of the strengths and weaknesses of the financial mechanisms in the delivery of their outputs	✓ E-survey with action leaders
				✓ Stakeholder interviews (DG SANCO/Programme Committee/National Focal Points/EP)
		Extent to which tenders fit, contribute and add value to the achievement of the HP's objectives (particularly compared to technical project description for grants)	✓ Level of consistency of tenders with the HP's objectives	✓ In-depth study of 25 actions ✓ Mapping of tender specifications with HP objectives
			✓ Stakeholders' perceptions whether tenders fit, contribute and add value to the achievement of the Programme's objectives	✓ Stakeholder interviews (DG SANCO, Programme Committee/National Focal Points/EP/NGOs)
				✓ E-survey with all action leaders
				✓ Interviews with experts responsible for the evaluation of proposals

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
	EQ7: To what extent do the technical quality of the project proposals funded, the involvement of the relevant decision makers and the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake?	Extent to which the quality of the project proposals funded lead to projects that deliver high quality outputs and ensure their uptake	✓ Correlation between quality of project proposals and quality of outputs and their uptake	✓ In-depth study of 25 actions - Review of outputs envisaged in proposals of 25 actions and, where possible, comparison with actual outputs of the projects (as per Interim / Final Reports)
			✓ Stakeholders' perceptions on whether quality of the project proposals leads to the delivery of projects that deliver high quality outputs and ensure their uptake	✓ Stakeholder Interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points)
				✓ Interviews with experts responsible for the evaluation of proposals
		Extent to which the involvement of relevant decision makers leads to projects that deliver high quality outputs and ensure their uptake	✓ Degree and nature of decision maker involvement in the process	✓ Desk research - Review of the documentation available for the award decisions (meeting minutes etc.)
				✓ Stakeholder Interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points/EP)
				✓ E-survey with all action leaders
				✓ Interviews with experts responsible for the evaluation of proposals

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Stakeholders' perceptions whether decision maker involvement contributes to the delivery of projects that deliver high quality outputs and ensure their uptake	✓ Stakeholder Interviews (DG SANCO/EAHC/Programme Committee/National Focal Points)
				✓ E-survey with all action leaders
		Extent to which the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake	✓ Degree and nature of negotiations in the process	✓ Desk research - Review of documentation available on the negotiation procedures (i.e. minutes)
			✓ Stakeholders' perceptions whether negotiation procedures contribute to the delivery of projects that deliver high quality outputs and ensure their uptake	✓ Stakeholder Interviews (DG SANCO/EAHC/Programme Committee/National Focal Points)
				✓ E-survey with all action leaders
		Extent to which the methodology used in the activities funded is sufficiently based on scientific evidence	✓ Type and nature of the methodology used	✓ In-depth study of 25 actions -Review of type and methodology used in the activities funded
				✓ Interviews with experts responsible for the evaluation of proposals
			✓ Stakeholders' perceptions on whether the methodology is sufficiently based on scientific evidence	✓ E-survey with all action leaders
				✓ Interviews with experts responsible for the

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
				evaluation of proposals
				✓ Stakeholder Interviews (DG SANCO/EAHC)
		Extent to which indicators used at activity level can be used to define indicators at Programme level	✓ Type, number and quality of indicators used at activity level	✓ In-depth study of 25 actions
				✓ E-survey with all action leaders
				✓ E-survey with experts responsible for the evaluation of proposals
	EQ8: To what extent are the results of activities funded widely disseminated and publicly available?[46]	Extent to which the results of the activities funded are widely disseminated and publicly available	✓ Specified criteria for project dissemination strategies under the HP	✓ Desk research -Review of criteria for dissemination strategies
			✓ Evidence demonstrating (examples) effective / ineffective implementation of dissemination strategies	✓ E-survey with all action leaders
				✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on levels of effective dissemination of results	✓ Stakeholder interviews (EAHC/Programme Committee/National Focal Points/International Organisations/Policy Committees/other EU financial programmes)
		Extent to which the approach to dissemination and use of results has changed in relation to the previous Health Programme	✓ Comparative analysis of the dissemination strategies and planned use of results, and changes over time (in the current and previous HPs)	✓ Desk research -Comparison of dissemination strategies between former and current HP

[46] It has to be noted that this will only apply to intermediate results given that this is a mid-term evaluation and most funded activities have not come to an end yet.

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Action leader's perception on changes in dissemination and use of results in the current HP and its predecessor	✓ E-survey with all action leaders
			✓ Stakeholder's level of awareness and their perceptions on changes in dissemination and use of results in the current HP in relation to its predecessor	✓ Stakeholder Interviews (DG SANCO/EAHC/Programme Committee/National Focal Points)
		Extent to which dissemination of project results can be further improved	✓ Evidence demonstrating (examples) the extent to which the dissemination of projects results can be further improved	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on potential improvements for the dissemination and use of results	✓ Stakeholder Interviews (DG SANCO/EAHC/officials from Policy Committees and other EU financial programmes)
			✓ Action leaders' perceptions on potential improvements for the dissemination and use of results	✓ E-survey with all action leaders
Efficiency	**EQ9**: To what extent is the spreading of funds over general objectives, priority actions and specific mechanisms a good basis for an efficient implementation of the Health Programme?	Extent to which the spread of resources across general objectives, priority actions and specific mechanisms leads to an efficient implementation of the HP	✓ Type and number of resources used across general objectives, priority actions and specific mechanisms	✓ Desk research - Review of spread of resources -Mapping of actual spread of resources vs. planned spread of resources across general objectives, priority actions and specific mechanisms

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Stakeholders' perceptions of the appropriateness of spreading resources across general objectives, priority actions and specific mechanisms	✓ Stakeholder interviews (DG SANCO/EAHC/EP)
			✓ Stakeholders' perceptions on the efficiency surrounding the implementation of the HP	
			✓ Action leaders' perception of the efficiency of the spreading of funds	✓ E-survey with all action leaders
		Extent to which different intervention logics are applied in the three different strands (Health Threats, Health Information, Health Determinants)	✓ Level of consistency between the intervention logics applied across the three strands	✓ Desk research -Review of the intervention logics applied across the three strands
			✓ Stakeholders' perceptions on the level of consistency between the intervention logics applied across the three strands	✓ Stakeholder interviews (DG SANCO/EAHC)
		(If applicable) Extent to which different intervention logics affect the efficiency of the HP	✓ Evidence (examples) demonstrating how different intervention logics affect the efficiency of HP - Adversely affect (e.g. present challenges / obstacles) - Positively affect (e.g. provide flexibility)	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on the extent to which different intervention logics affect the efficiency of the HP	✓ Stakeholder interviews (DG SANCO/EAHC)

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
		Extent to which the HP faces challenges and obstacles that affect its implementation and management	✓ Evidence demonstrating challenges/obstacles affecting the HP's implementation	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on the challenges / obstacles affecting the HP's implementation and management	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/EP/Policy Committees/NGOs)
			✓ Action leaders' perceptions on the challenges / obstacles affecting the HP's implementation and management	✓ E-survey with all action leaders
	EQ10: To what extent does the access to the Programme allow the most appropriate and competent applicants to be selected, according to prioritised needs in line with the programme objectives?	Extent to which the rationale behind the selection procedures and award criteria is consistent with the HP's objectives	✓ Level of consistency of the rationale behind the selection procedures/the award criteria with the HP objectives	✓ Desk research -Review of the rationale behind the selection procedures and award criteria
				✓ In-depth study of 25 actions
			✓ Experts' perceptions on whether the rationale behind the selection procedures and award criteria is consistent with the HP's objectives	✓ Interviews with experts responsible for the evaluation of proposals
			✓ Stakeholders' perceptions on whether the rationale behind the selection procedures and award criteria is consistent with the HP's objectives	✓ Stakeholder interviews (DG SANCO/EAHC)
		Extent to which the principle of competition applies to the various financial instruments	Eligibility criteria that apply under each financial mechanism	✓ Desk research -Review of the eligibility criteria

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
				✓ In-depth study of 25 actions
			✓ Quantity of proposals received under the different financial mechanisms	✓ Desk research -Mapping of proposals received vs. proposals funded under each financial instrument
			✓ Stakeholders' perceptions of the application of the principle of competition to each financial instrument	✓ Stakeholder interviews (DG SANCO/EAHC/EP/other EU financial instruments/Policy Committees)
		Extent to which the most competent applicants are selected	✓ Experts' perceptions on whether the most competent applicants are selected and scope to improve the level of competence	✓ Interviews with experts responsible for the evaluation of proposals
			✓ Stakeholders' perceptions on whether the most competent applicants are selected and scope to improve the level of competence	✓ Stakeholder interviews (DG SANCO/EAHC)
		Extent to which the guidance and the quantity and quality of the information provided to applicants is adequate and appropriate (e.g. in relation to timing, requirements, descriptions of priorities, etc.) so as to guarantee successful proposals (mainly for projects, Joint Actions and	✓ Stakeholders' perceptions of the adequacy and appropriateness of the quantity and quality of the information and guidance provided to applicants	✓ Stakeholder interviews (DG SANCO/EAHC)
				✓ In-depth study of 25 actions
				✓ E-survey with all action leaders

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
		conferences)	✓ Experts' perceptions of the adequacy and appropriateness of the quantity and quality of the information and guidance provided to applicants	✓ Interviews with experts responsible for the evaluation of proposals
	EQ11: How might the efficiency of the Health Programme be improved regarding: the number of priorities; the available resources (financial and human); the various financial mechanisms; the established procedures; the intended results; and the political focus?	Extent to which there is scope to improve the efficiency of the HP in relation to: - the number of priorities; - financial and human resources; - financial mechanisms; - application, selection and management procedures; - intended results and political focus	✓ Evidence demonstrating (examples) where efficiency gains might be achieved	✓ Desk Research
				✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions of the areas for improvement of the HP	✓ Stakeholder interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points)
			✓ Action leaders' perceptions of the areas for improvement of the HP	✓ E-survey with all action leaders
		Extent to which proposed improvements are feasible / are likely to increased efficiency	✓ Stakeholders' perceptions on which improvements are feasible and are likely to lead to increased efficiency of the HP	✓ Stakeholder interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points/EP/Policy Committees)
				✓ E-survey with all action leaders
				✓ In-depth study of 25 actions
	EQ12: To what extent are the monitoring processes and resources (at the Commission	Extent to which monitoring processes and resources (at the Commission and MS level) are adequate for promoting HP results	✓ Type and nature of existing monitoring processes and resources at EC and MS level	✓ Desk Research -Review of type and nature of existing monitoring

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
	and MS level) sufficient and adequate to promote the results of the Health Programme and finally to incite stakeholders (internal and external) to make use of them?		✓ Level of resources dedicated to promoting HP results	processes and resources at EC and MS level
				✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions of the adequacy / success of the monitoring processes and resources	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP)
				✓ E-survey with all action leaders
		Extent to which indicators are appropriate and relevant for effectively monitoring the use of HP results	✓ Evidence (examples) demonstrating where indicators are appropriate and relevant for effectively monitoring the use of HP results	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions of the appropriateness and relevance of monitoring "indicators"	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points)
		Extent to which the data coming from the monitoring process is complete, clear, and useful in order to incite stakeholders to make use of them	✓ Levels of completeness, clarity and usefulness of the monitoring data	✓ Desk research -Review of monitoring data with a view to their completeness, clarity and usefulness
				✓ In-depth study of 25 actions
		Extent to which lessons learnt and previous recommendations in relation to the adequacy of resources for promoting HP results have been effectively utilised	✓ Level of uptake of previous recommendations in relation to the HP's implementation	✓ Desk research -Review of previous recommendations in relation to the HP's

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
				implementation
			✓ Stakeholders' perceptions on whether lessons learnt and recommendations have been effectively utilised	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP)
		The Programme's main achievements in relation to the previous Health Programme	✓ Stakeholders' views on the Programme's main achievements in relation to the previous HP	✓ In-depth study of 25 actions
				✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP)
Consistency / Complementarity (Coherence)	**EQ13**: To what extent are consistency and complementarity ensured between Programme actions and other EU policies and activities, and with actions at national or international level?	Extent to which there is interaction and crossover between the HP and other EU policies / activities / actions at local, national and international level	✓ Levels and types of interaction and crossover between the HP and other EU policies / activities / actions at local, national / international level	✓ Desk research -Comparison of the HP with a sample of other relevant EU policies/activities at local/national/international level
			✓ Stakeholders' perceptions (and their levels of awareness) of the levels of interaction between the HP and other EU policies / activities / actions at local, national and international level	✓ Stakeholder interviews (Officials from Policy Committees and other EU financial programmes/International Organisations/Programme Committee/National Focal Points)
		Extent to which the HP is consistent with and complements other EU policies and activities and actions at local, national and international level	✓ Levels/types of consistency/complementarity between of the HP and other EU policies and activities at local, national and international level	✓ Desk research -Mapping of the HP with a sample of other EU policies/activities at local, national and international

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
				level
			✓ Stakeholders' perceptions (and their levels of awareness) of the consistency and complementarity between of the HP and other EU policies and activities at local, national and international level	✓ Stakeholder interviews (Officials from Policy Committees and other EU financial programmes/Programme Committee/National Focal Points/EP/NGOs/International Organisations)
			✓ Stakeholders' perceptions on how the HP is contributing to / influencing EU policy definition and implementation	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP/NGOs)
			✓ Evidence demonstrating (examples) how HP projects contribute to / influence EU policy definition and implementation	✓ In-depth study of 25 actions ✓ E-survey with all action leaders
Utility	**EO14**: To what extent has the Health Programme so far contributed / can contribute to EU-wide effects?	Extent to which the HP: - has contributed / is contributing analysis and informs EU policy definition and implementation - has supported / is supporting the development of EU policy and its implementation	✓ Evidence demonstrating where the HP informs EU policy definition/implementation and supports the development of EU policy/its implementation	✓ Desk Research -Identification of cases where the HP contributes to EU policy definition/implementation ✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on 1. whether the HP has contributed analysis and informs EU policy definition and implementation and 2. whether the HP has supported the development of EU policy	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP/International

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			and its implementation	Organisations/others)
				✓ E-survey with all action leaders
		Extent to which the activities of the Health Programme are additional to what would have occurred in the Member States anyway	✓ Evidence demonstrating the additionality of HP activities	✓ Desk Research - Identification of cases of additionality of HP activities
				✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on 1. whether HP activities are additional to what MS would have done anyway 2. what might have happened in the absence of the HP	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/International Organisations)
				✓ E-survey with all action leaders
		Extent to which the HP has promoted / is promoting a high quality, participatory policy debate at EU and MS level on law, policies and objectives	✓ Stakeholders' perceptions on how the HP has impacted on policy debate and definition between the EC and MS	✓ Stakeholder interviews (DG SANCO/EAHC/Programme Committee/National Focal Points/EP/International Organisations/others)
		Extent to which the HP has promoted / is promoting shared health-related best practices, learning and support between MS	✓ Number of projects involving partners from more than one MS	✓ Desk Research - Analysis of project partners by MS - Identification of best practice sharing, learning and support

Evaluation issue	Evaluation questions	Judgment criteria	Preliminary indicators	Data sources
			✓ Evidence demonstrating the sharing of health-related best practice, learning and support has occurred / is occurring / will occur between MS which can be attributed to / partly attributed to activities of the HP	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on how the HP has promoted / is promoting shared health-related best practices, learning and support between MS	✓ Stakeholder interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points/International Organisations)
				✓ E-survey with all action leaders
		Extent to which the HP has enhanced / is enhancing the capacity of EU networks to support / promote preventive policies	✓ Enhancement of the capacity of EU networks supporting / promoting preventive policies	✓ In-depth study of 25 actions
			✓ Stakeholders' perceptions on how the HP is enhancing the capacity of EU networks to support / promote preventive policies	✓ Stakeholder interviews (DG SANCO/EAHC/Programm e Committee/National Focal Points/EP/NGOs)
				✓ E-survey with all action leaders

Data Sources: A full description of each of the evaluation tools and techniques (detailed under data sources) is provided in Section 5.1.

ANNEX 2: TERMS OF REFERENCE

TASK SPECIFICATIONS

Task 1: **MID-TERM EVALUATION OF THE HEALTH PROGRAMME 2008-2013**

Introduction

In 2007 the European Commission put forward a **strategic approach for EU health policy for the period 2008-2013** with the adoption of the White Paper *"Together for Health: A Strategic Approach for the EU 2008-13"*[47]**.** This strategy is an overarching framework which covers core European health issues such as:

- protecting people from health threats and disease,
- promoting healthy lifestyles,
- helping national authorities in the EU cooperate on health issues,

and also broader aspects such as Health In All Policies (HIAP) and global health.

The strategy which also stresses the importance of shared values is implemented in tandem with Member States, regions and stakeholders, through a number of EU level **financial and coordination instruments**.

The **Health Programme 2008-2013** is the main financial instrument for the implementation of the Strategy.

Three years after the adoption of the White Paper *"Together for Health: A Strategic Approach for the EU 2008-13"* and the establishment of a second programme of Community action in the field of health (2008-13)[48], the European Commission aims to evaluate at mid-term:

- **Task 1:** the implementation of the Health Programme (HP), and
- **Task 2:** the implementation (results and policy impact) of the Health Strategy.

The two evaluations are commissioned together due to similar requirements in the expertise expected of the evaluators and due to the comparable timeframe. However they are parallel exercises, with distinct budgets and payment schedules.

The evaluations should be consistent with the European Commission's policy on evaluation[49].

- The evaluations should be conducted in such a way that the results are supported by evidence and rigorous analysis;
- All parties involved in evaluation activities should observe the principles and rules regarding conflict of interest;
- The evaluations should comply with the quality criteria and with the state of the art in the field;
- The evaluations should be conducted in such a way that the results can be used to improve policy decision-making and thus enhance future action.

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[47] COM (2007)630 final of 23.10.2007.
[48] Decision n° 1350/2007/EC of 23.10.2007
[49] Communication to the Commission of 21/02/2007 "Responding to Strategic Needs: Reinforcing the use of evaluation" (SEC (2007) 213).

Type: Both evaluations will be undertaken as mid-term evaluations. In both there is a prospective dimension which is more important in task 2 on account of the horizon scanning exercise.

Duration: Starting from the signature of the contract by both parties, the contracting period will be:

- 8 months for task 1
- 10 months for task 2

The evaluations are scheduled to start at the beginning of October 2010 and to be completed by the end of respectively May 2011 and July 2011 at the latest.

Budget: For indicative purposes, the maximum budget of the evaluations is considered to be in the order of €220.000, with the following approximate division per task:

- Task 1: € 130.000
- Task 2: € 90.000

Evaluation teams:

Two independent team leaders will be designated for the two evaluations. Notwithstanding this aspect, individual evaluators are entitled to operate as part of both teams. For each of the tasks, the evaluation is to be carried out by a team with advanced knowledge and experience in the fields of implementation of EU programmes and policies, and especially in public health. Consultants should also possess requisite training and experience in evaluation methods. Contractors must propose two teams with the above expertise and designate a team leader per team.

Task 1: Mid-term evaluation of the Health Programme 2008-2013

1. Context of the assignment

1.1 Short presentation of the Health Programme 2008-2013

The EU is required by its founding treaty[50] to ensure that human health is protected as part of all its policies, and to work with the EU countries to improve public health, prevent human illness and eliminate sources of danger to physical and mental health.

The Second Programme of Community Action in the Field of Health 2008-2013 (referred to here as the Health Programme), came into force on 1 January 2008 with Decision No 1350/2007/EC[51] of the European Parliament and of the Council of 23 October 2007.
The Decision provides for a **total budget of 321.5 million euros**. Most of the Health Programme budget will finance projects to complement, support and add value to national policies. It should boost solidarity and prosperity in the EU by protecting and promoting human health and safety and improving public health.
The Health Programme is managed by the Commission with the **assistance of the Executive Agency for Health and Consumers (EAHC)**. A specific Committee, called the **Programme Committee[52],** assists the Commission in monitoring progress in the light of the Programme's objectives.
Actions under the Programme are intended to **complement national policies of the Member States with a European added-value.** This means that they should involve actors from different participating countries and the results should be able to be applied in other countries and regions across Europe and in its neighbourhood.

The Health Programme is part of a broader strategy aimed at improving and protecting public health. **The Health Strategy: "Together for Health: A Strategic Approach for the EU 2008-2013"** was published in 2007 and aims to provide an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The Health Programme is the main financial instrument the European Commission uses to support implementation of the EU Health Strategy.

1.2 The objectives of the Health Programme

According to the above-mentioned legal basis of the Health Programme, its three objectives may be summarised as follows:

First objective: Improve citizens' health security

• Protect citizens against health threats by developing the capacity of the EU community to respond to communicable and non communicable diseases and health threats from physical,

[50] Article 168 of the Treaty on the European Union *(Official Journal C 83 of 30 March 2010 pp. 122-124)*
[51] Official Journal L 301 of 20.11.2007, pp. 3-13.
[52] See Article 10 of Decision 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13).

chemical and biological sources, including bio-terrorism; for example with emergency planning and preparedness measures;
• Improve citizens' safety by promoting actions related to patient safety through high quality and safe healthcare, scientific advice and risk assessment, safety and quality of organs, substances of human origin and blood.

Second objective: Promote health and reduce health inequalities

• Action on key health factors such as nutrition and physical activity, drug consumption, sexual health, focusing on key settings such as education and the workplace;
• Measures on the prevention of major diseases with a focus on EU added-value action in areas such as gender issues, children's health or rare diseases;
• Promote healthier ways of life and reduce health inequalities, thus increasing healthy life years and promoting healthy ageing;
• Promote and improve physical and mental health;
• Address the health effects of social and environmental determinants.

Third objective: Generate and disseminate health information and health knowledge

• Exchange knowledge and best practice on health issues supporting the coordination of European reference networks, Member States' public health policies and progress;
• Collect, analyse and disseminate health information focusing on health monitoring system with appropriate indicators and ways of disseminating information to citizens such as Health Portal, conferences and regular reports on health status in the EU.

1.3 Health priorities and criteria

To meet the above-mentioned Programme objectives, an Annual Work Plan (AWP) is prepared each year. It sets out health priority areas and the criteria for funding activities under the Programme. Preparing the Annual Work Plans[53] is the responsibility of the Commission and they are adopted after approval by the Members States represented in the Programme Committee.

1.4 The financial mechanisms

A wide range of financial mechanisms is offered to support the implementation of the Health Programme. These are:

- Grant agreements for actions: they are awarded to projects involving several partners, usually public health bodies and NGOs. The rate of EC contribution is 60%.

- Service-contracts: services (studies, data, etc) are purchased after procurement procedures. The cost is fully covered by the Health Programme budget.

- Joint actions with the Member States: funding for projects jointly designed and financed by the EU with one or more Member States authorities or bodies associated. EC contribution rate is 50%.

[53] Decision 2008/170/EC (*Official Journal* L56 of 29.02.2008); Decision 2009/158/EC (*Official Journal* L53 of 26.02.2009) and Decision 2009/964/EU (*Official Journal* L340 of 22.12.2009) refer to the annual work plans 2008, 2009 and 2010. The links to these decisions for the annual work plans are given in Chapter 4. *of the current Task specifications.* .

- Direct grant agreements with international organisations: these are traditionally awarded to OECD, WHO, European Observatory on Health policies and health systems, Council of Europe and the International Agency for Research on Cancer to develop projects of common interest. The rate of EC contribution is 60%.

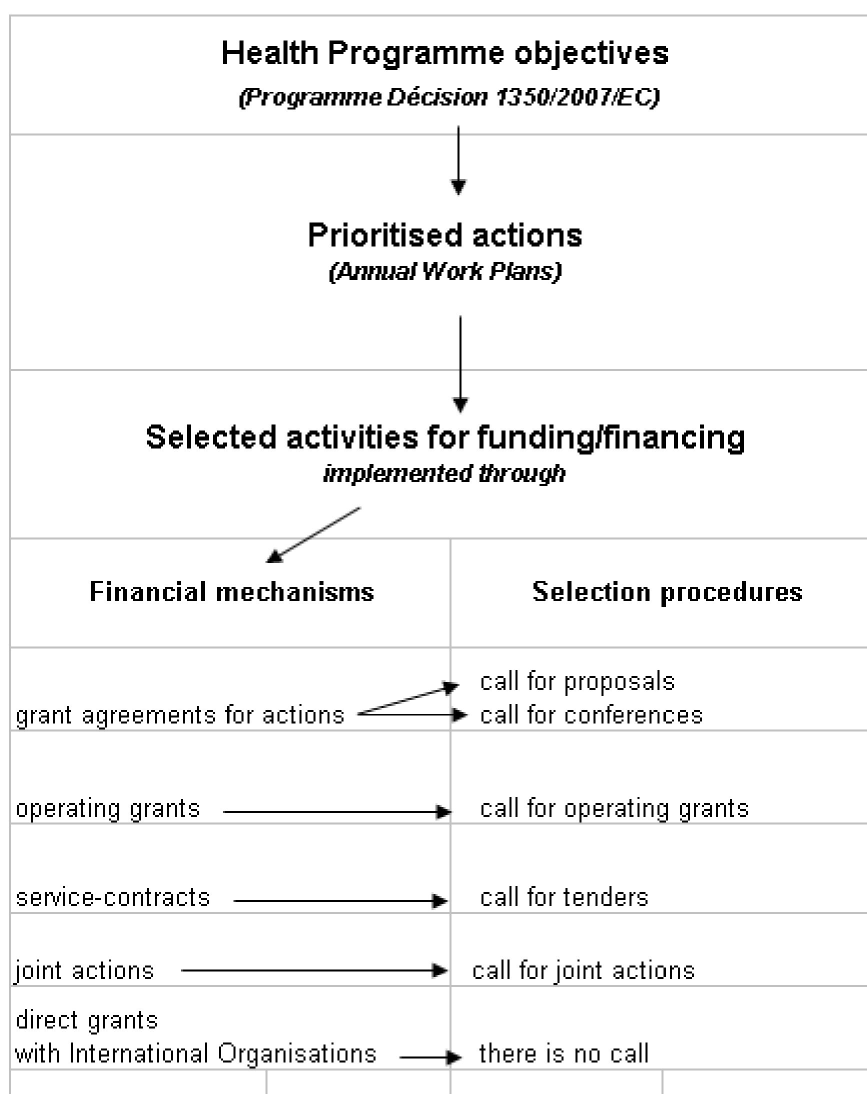
- Operating grants: EC contribution at 60% of the annual operating costs of a non-governmental organisation or a specialised network in the field of health; such bodies must be non-governmental, non-profit making, independent from industry or other conflicting interests and have as their primary objectives one or more goals of the Programme.

- Grants for conferences: co-financing at a rate of 50% EC contribution for conferences on public health issues organised by the Presidency and for conferences organised by European public or non-profit organisations.

All of the above-mentioned mechanisms are announced yearly in the AWPs indicating priorities and are subject to competitive selection procedures via

- calls for proposals for projects;
- calls for conferences;
- call for operating grants;
- call for joint actions;
- call for tenders

The calls are published in the Official Journal and the selection process followed, except for tenders, involves external experts as evaluators.



Separate lists mapping financed activities against prioritised actions for the first two years of the Health Programme are attached to these Task Specifications.

2. The assignment

2.1 Legal obligation

Article 13 (3)(a) of Decision No 1350/2007/EC establishing the Health Programme 2008-2013 requests the Commission to submit, no later than 31 December 2010, to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions an external and independent interim evaluation report on:

- *the results obtained in relation to the objectives of the Programme,*
- *the qualitative and quantitative aspects of its implementation,*
- *its consistency and complementarity with other relevant Community programmes, actions and funds.*

The report should make it possible to assess the impact of measures on all countries.
The report should contain a summary of the main conclusions, and it should be accompanied by remarks by the Commission.

The Commission should make the results of the evaluation undertaken pursuant to this Decision publicly available and ensure their dissemination.

2.2 Duration of the evaluation

The evaluation is scheduled to start in early October 2010 and be completed by May 2011 (overall duration of 8 months).

2.3 Budget

For indicative purposes the maximum available budget is 130.000 euros.

3. Description of the assignment

3.1 Purpose and objective of the evaluation

The purpose of this assignment is to carry out an interim evaluation of the Health Programme 2008-2013 in order to:

a) Provide an overview of the implementation of the Health Programme in the first three years. The overview should provide a quantitative and qualitative description of priorities set, financial mechanisms used (grants/operating grants/joint actions/tenders etc), beneficiaries[54], actions funded, and intended results.
b) Assess the relevance, effectiveness and efficiency of funded actions. It should take into consideration the fact that the majority of the actions funded will not have provided all the deliverables and final reports when the evaluation takes place, so the assessment of impact will have to be forward-looking.
c) Assess the consistency and complementarity with other relevant EU financial programmes funded from the EU budget, instruments and funds, and the utility of the Health Programme.
d) Measure the progress made in the light of recommendations in previous evaluations and audits[55] and their follow-up, the efficiency in the use of resources and the European added value.
In view of recent evaluations of the previous Public Health Programme (2003-2007), the new evaluation exercise will check where and how improvement has been achieved and whether the same problems persist.

The conclusions and recommendations produced will feed into:

- The ongoing implementation of the Health Programme up until its termination on 31st December 2013;
- The preparation and design of the post-2013 programming period.

3.2 Scope of the evaluation

[54] Beneficiaries in the sense of funding recipients
[55] Reports and recommendations from previous evaluations and audits are given in Chapter 4 of these Task Specifications.

The interim evaluation will focus on the Programme activity period running from January 2008 until June 2010.

It will cover all Member States and other participating countries and encompass relevant stakeholders (in particular: the Programme Committee members and national Focal points, various policy committees, social partners, national authorities and bodies and key EU civil society organisations).

Where the deliverables of the financed activities are not yet available, the evaluation should focus on interim and prospective outcomes, selection procedures and criteria, contracting documents and any other information that indicates the financed activity's objectives and results.

3.3 Evaluation questions

The evaluators will answer the following questions. The list of questions is not exhaustive and evaluators may raise additional points in order to assess the relevance, effectiveness, efficiency, coherence and utility of the Health Programme.

Relevance

1. – To what extent are the objectives of the PHP relevant to the needs of the area and the problems it was meant to solve?

2. – To what extent do the priority actions[56] in the Annual Work Plans (AWP) ensure their relevance in relation to the objectives set in the Health Programme?

3. – To what extent do the priority actions ensure their relevance in relation to the principles and objectives set in the Health Strategy?

By answering the above two questions, the contractor is expected to clarify:

- *whether and how the prioritisation of these actions complies with the policy priorities;*
- *the need to sustain funding over longer periods through reiterated project support;*

4. – To what extent do the activities selected for funding correspond to the objectives of the Health Programme?

The contractor is expected to clarify:

- *whether the selection procedures, award criteria and specific financial mechanisms were appropriate to achieve the Programme objectives;*
- *whether focused guidance is provided to applicants in order to better fit their activities into the Programme objectives (negotiation procedure prior to the signing of grants and contracts);*

Effectiveness

[56] Actions in the AWP generally accompanied by specific description of the intended outcome and linked to the actions referred to in article 2(2) of the Programme Decision.

5. – What are the results so far of the activities selected for funding in achieving the objectives of the HP?

6. – To what extent does the use of specific and in particular new financial mechanisms (operating grants, joint actions, conferences) and tenders help to increase effectiveness in the delivery of their outputs?

The contractor is expected to identify:

- *the rationale for the use of these mechanisms;*
- *the effectiveness of these mechanisms (their strengths and weaknesses in the Programme implementation);*
- *especially for tenders, their added value in the implementation of the prioritised actions (quality of tender specifications compared to quality of technical project description for grants, expected performance and quality of deliverables, relevance and added value of expected results for the health programme objectives).*

7. – To what extent do the technical quality of the project proposals funded, the involvement of relevant decision makers and the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake?

The aim is to clarify

- *whether the active involvement of relevant decision makers at regional, national and European level and stakeholders is necessary for the effective design of projects and the exploitation of their results;*
- *whether, depending on the nature of the activities funded, the methodology used is sufficiently scientific-evidence based;*
- *whether indicators used at activity level may be helpful to define indicators for the success of the Programme? Which are they?*

8. – To what extent are the results of activities funded widely disseminated and publicly available?

The aim is to clarify:

- *improvements made regarding dissemination and use of the results since the previous programme 2003-2008;*
- *room for further improvements.*

Efficiency

9. – To what extent is the spreading of funds over general objectives, priority actions and specific mechanisms a good basis for an efficient implementation of the Health Programme?

The contractor is expected to examine:

- *whether different intervention logics are applied in the three different strands (Health Threats, Health information; Health Determinants). If that is the case, are there significant consequences for the efficiency of the Programme?*
- *whether there is a risk of dilution and how it is managed.*

10. – To what extent does the access to the Programme allow the most appropriate and competent applicants to be selected, according to prioritised needs in line with the programme objectives?

The contractor is expected to clarify:

- *if the information provided and application procedures are user-friendly and sufficiently clear;*
- *if the AWPs provide appropriate descriptions of the priorities and intended results so as to guarantee successful proposals, mainly for projects, joint actions and conferences?*
- *how the principle of competition applies to the various financial mechanisms.*

11. – How might the efficiency of the Health Programme be improved regarding:

- *the number of priorities,*
- *the available resources (financial and human),*
- *the various financial mechanisms,*
- *the established procedures,*
- *the intended results, and*
- *the political focus?*

12. – To what extent are the monitoring processes and resources (at the Commission and MS level) sufficient and adequate to plan and promote the results of the Health Programme and finally to incite stakeholders (internal and external) to make use of them?

The contractor is expected to clarify:

- *the progress made since the previous Programme 2003-2007 and the improvements* so far;
- *the lessons learnt and difficulties and delays in the implementation of previous recommendations;*
- *the indicators for monitoring the use of the results.*

Coherence:

13. – To what extent are consistency and complementarity ensured between Programme actions and other EU policies and activities, and with actions at national or international level?

The contractor will provide:

(for consistency)

- *a chart showing the most important priorities for which cooperation with other EU programmes exists, indicating the specific projects supported and the kind of consistency they benefit from;*

(for complementarity)

- *a chart showing projects continuing along the lines of a specific interest at local, national, or international level, indicating how this complementarity is manifested concretely or will be manifested in the future;*
- *practical recommendations on ways to systematise and increase consistency and complementarity with other Programmes and actions at European, national and regional levels.*

Utility

14. – To what extent has the Health Programme so far contributed/can contribute to EU-wide effects?

The contractor will examine if the Health Programme is useful in:

- *providing analysis and informing policy definition and implementation;*
- *supporting the development of EU policy and its implementation;*
- *promoting policy transfer, sharing of best practices, learning and support among Member States and the Commission;*
- *relaying the views of the stakeholders and society at large;*
- *building greater capacity for European networks to support/promote preventive policies*
- *promoting high quality, participatory policy debate at EU and national level on law, policies and objectives.*

3.4 Organisational framework and methodology

The evaluation will be organised through a specific framework contract with the Directorate-General for Health and Consumers. As part of the bid, the contractor should identify the team of evaluators to be involved, describe their skills and qualifications, quantify the input of each member of the team in terms of days and explain the distribution of tasks between the different evaluators. The team must have the capacity to work in the different fields and languages needed. It must have proven experience in evaluation related to health policies and a wide range of experts on their various aspects at national and EU level. As part of the tender documentation, the team to be involved should be identified, describing their skills and qualifications, qualifying the inputs of each member of the team and quantifying them in terms of days and showing the distribution of tasks between the consultants involved. All staff-related issues will be clarified during the kick-off meeting.

The contractor may propose methods and tools that are considered appropriate to answer the evaluation questions, suggest benchmarks and define suitable indicators. Contractors can propose other tools for data collection and analysis as they see fit, including desk research, use of tracers, case studies, workshops, bibliometrics, focus group interviews, concept

mapping, Delphi methods etc. The use of freely available bibliometrics and linkage software is recommended. Given the fact that recently the ex-post evaluation of the Public Health Programme has used e-surveys extensively, it would be appropriate to concentrate the present evaluation work more on desk work, case studies and research scrutinising relevant internal documents such as Annual Work Plans, call documents, project evaluation reports, project deliverables as far as they have so far been attained, etc.

Methods and tools for answering each evaluation question should be proposed in the bid and further developed in the inception report.

The mid-term evaluation of the Health Programme must comply with the quality criteria and the state of the art in the field, and assessments should be well argued on the basis of rigorous qualitative and quantitative analysis. It should also be conducted in such a way that the results can be used to improve policy decision-making and thus improve action taken in future.

The evaluators are expected to develop an appropriate method to address the evaluation questions as laid down in point 3.3, not losing sight of the following transversal issues:

- Health Programme intervention logic;
- Causality factors;
- Partnership strategies;
- Programme management.

A non-exhaustive and non-mandatory list of key stakeholders will be provided to the contractor. The contractor should refrain from identifying stakeholders as clients only.

The evaluation method, the final version of the evaluation questions and indicators, and the choice of tools to be used and stakeholders to be consulted, will be formally agreed upon with the Steering Group during the inception phase.

3.5 Reporting and deliverables

The assignment includes the submission of a series of deliverables: reports and presentations.

The evaluators will deliver the following reports at key stages of the evaluation process: inception report, interim progress report, draft final report and final report. Each report should be written in English, professionally edited, and critically assessed as it provides the basis for tracking the quality of the work done by the evaluator. The contractor will attend four to five specific meetings with the Steering Group to present and discuss the progress of the evaluation work after the inception report, the interim report and the draft final report. These meetings will be held in Luxembourg or Brussels. The contractor is requested to take notes at the meetings and to submit them to the Steering Group for adoption the week following the meeting.

More precisely, the following reports and presentations shall be delivered:

Kick-off meeting report
Members of the contractor'evaluation team will attend a kick-off meeting with the Steering Group. The purpose of this meeting is to verify:

- the team's understanding of the Task Specifications;

- the proposed general approach to the work (methodology, scope, etc.);
- the composition of the full evaluation team.

Inception report – within 1 month of signing the contract

The inception report completes the structuring phase of the evaluation. It aims to describe the organisation of the work, and to adapt and substantiate the overall approach, the methodology required for each evaluation question and the work plan outlined in the proposal. It should set out in detail how the proposed methodology will be implemented, and in particular lay out clearly in tabular form how the method allows each evaluation question to be answered via establishment of judgement criteria and within these, of evaluation indicators. In addition the table should have a further column indicating the evaluation tools chosen. The inception report should include enough detail for the Steering Group to gain a good understanding of the evaluation tools and related methodological steps proposed.

The report may supplement and/or suggest additional evaluation questions the contractors consider suitable (see above paragraph 3.3). As such, this document will provide an opportunity to make a final check on the feasibility of the method proposed and the extent to which it corresponds with the task specifications.

The known sources of information, use of tracers, case studies, contact persons in MS, as well as the way the contractor will interact with MS representatives will be fully clarified at this stage.

The inception report will be submitted to the Steering Group which will discuss on this basis with the contractor and may request changes and improvements. The final versions of evaluation questions suggested by the contractor and the evaluation indicators to be used will be validated by the Steering Group at this stage. After the meeting the contractor will submit a final version.

Intermediate report – 3 months after the inception report

This report will provide information on the initial analysis of data collected. The evaluator should already be in a position to provide: a) aggregate data and overview of the first three years of the implementation of the Health Programme, b) preliminary findings related to the three objectives of the evaluation undertaken (see above paragraph 3.1), and c) answers to the evaluation questions.

The report will provide the evaluation manager and the Steering Group with an opportunity to check whether the evaluation is on track and whether it has focused on the specified information needs.

The contractor will submit a final interim report with the necessary updates after discussion with the Steering Group in a specific meeting. At this meeting, the contractor will define in agreement with the evaluation manager and the Steering Group the table of contents and structure of the draft final report. A document outlining the latter must be submitted in advance of the meeting by the contractor. It will serve as a basis for the discussion.

Draft final report – 3 months after the interim report

This document will provide the preliminary conclusions of the evaluator in respect of the evaluation questions in the task specifications. These will be based on evidence generated through the evaluation. Any judgements provided should be clear and explicit. The draft final report should also contain substantiated recommendations made on the basis of the conclusions reached by the evaluator. It will also provide a technical overview of the evaluation process, highlighting limitations and possible bias therein.

The draft final report should be structured along the lines of common Evaluation Standards and include an executive summary of not more than 10 pages (factual data concerning the

implementation of the Programme and summary of analyses and conclusions), the main report (presenting the results of the analyses in full, conclusions and recommendations) and technical annexes (one of which will be the Task Specifications) and a draft one-page summary on the Key Messages (conclusions and recommendations in bullet form) of the evaluation.

Final report – to be submitted 1 month after communication of comments made by the SG on the draft final report

The final report should have the same structure as the draft final report. It will take account of the results of the comments and discussions with the Steering Group regarding the draft final report insofar as they do not interfere with the autonomy of the evaluators in respect to their conclusions.

It is essential that all the reports be clear, unambiguous and comprehensive. They should also be understandable for non-specialists. The reports should be provided to the European Commission in Word format with the charts in Excel. They should be accompanied, where requested, by appropriate annexes. All reports and presentations are to be submitted in electronic format in accordance with the deadlines set in the time-schedule specified below.

The contractor should provide the final report in both MS-Word and Adobe Acrobat (PDF) and in 45 hard copies. The contractor should also provide a PowerPoint presentation of key aspects and findings of the study, together with speaking notes. At the request of the Commission, the contractor should provide a maximum of two presentations to interested stakeholder groups. The Commission will hold the copyright of the reports.

3.6 Quality assessment

In order to ensure the necessary level of quality for the independent evaluation requested by the Decision on the Health Programme, contractors should always bear in mind that:

- the evaluation must respond to the information needs, in particular as expressed in the Task Specifications and following discussions with the Steering Group;
- the methodology and design must be appropriate for obtaining the results needed to answer the evaluation questions;
- the collected data must be appropriate for their intended use and their reliability must be ascertained;
- data must be analysed systematically to answer the evaluation questions and to cover all the information needs in a valid manner;
- findings must follow logically from and be justified by, the data/information analysis and interpretations based on the pre-established criteria and rationale;
- To be valid, conclusions must be non-biased and fully based on findings;
- Particular attention will be given to the recommendations. These must be practical and helpful. All areas which need improvements must be identified in conformity with the conclusions, and the suggested options must be realistic and impartial.

3.7 Time schedule

The Service order has a duration of 8 months. It is due to start in early October 2010.
A detailed work plan should be submitted together with the bid building on the time-schedule summarised below. It should be updated with the Inception Report.

What	(By) When?
Kick-off meeting with the contractor	Beginning of October 2010
Inception report	November 2010
Inception meeting	November 2010
Interim Report	February 2011
Meeting for the interim report	February 2011
Draft final report	April 2011
Meeting on the draft final report	April 2011
Final report	May 2011

4. References

4.1 Useful web-links

1. Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13):
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:EN:PDF
2. White paper "Together for Health: A Strategic Approach for the EU 2008-2013"
http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf
3. Consolidated version of the Treaty on the functioning of the European Union (more specifically article 168)
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:EN:PDF
4. Annual Work Plans 2008, 2009 and 2010
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:056:0036:0062:EN:PDF
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:053:0041:0073:EN:PDF

http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:340:0001:0046:EN:PDF

5. Awarding decisions for years 2008, 2009, 2010

http://ec.europa.eu/health/ph_programme/documents/award_decision2008.pdf
http://ec.europa.eu/health/ph_programme/documents/award_decision2009.pdf
(for 2010, not yet available)

6. Executive Agency for Health and Consumers (database)

http://ec.europa.eu/eahc/projects/database.html

7. DG Health and Consumers

http://ec.europa.eu/health/index_en.htm

4.2 Other documentation available

1. Tables mapping financed activities against prioritised actions

mapping
1032010.xls (365 KE

2. Portfolio analysis (COWI, June 2010)

EAHC_Portfolio-ana
lysis_Final-...

3. Interim Evaluation of the Public Health Programme 2003-2008

PHP_interim_evalua
tion_en.pdf ...

4. Ex-post final Evaluation of the Public Health Programme 2003-2008 (final report will be available by October 2010)

5. Audit Report of the Court of Auditors "The European Union's Public Health Programme: an effective way to improve health?"

DOC
dit_REport EN.pdf (3

6. External post-project evaluations conducted by the EAHC (on request after the signing of the specific contract)

5. Annex

Template for the final report of the mid-term evaluation

EXECUTIVE SUMMARY (in maximum 10 pages and in English)

- KEY MESSAGES (one page, key points of conclusions and recommendations, should be concise, sharp and easily understandable)
- What is the context and purpose of the mid-term evaluation of the Health Programme 2008-2013?
- What are the main findings and conclusions, recommendations and lessons learned?

INTRODUCTION

- What is the purpose of the mid-term evaluation of the Health Programme?
- What products are expected from the evaluation? (as stated in the Task Specifications)
- How will the evaluation results be used? (as stated in the Task Specifications)
- What are the key issues addressed by the evaluation? (as stated in the Task Specifications)
- What was the methodology used for the evaluation? (as stated in the Task Specifications)
- What is the structure of the evaluation report? (how the content will be organised in the report)

THE POLICY CONTEXT

- When and how did the Health Programme begin working and for how long has it been doing so?
- What are the problems that the outcomes of the Programme are expected to address?
- Who are the key partners for the outcomes? The main stakeholders? The expected results?

FINDINGS AND CONCLUSIONS

The findings and conclusions of the evaluation report should be of the scope outlined in the Task Specifications. There should be some flexibility for the evaluation team to include new issues that arise during the course of the evaluation. The following questions are typical of those that must be answered by the findings and conclusions of the mid-term evaluation:

1. – To what extent do the priority actions in the Annual Work Plans (AWP) ensure their relevance in relation to the objectives set in the Health Programme?

2. – To what extent do the priority actions ensure their relevance in relation to the principles and objectives set in the Health Strategy?

3. – To what extent do the activities selected for funding correspond to the objectives of the Health Programme?

4. – To what extent does the use of specific and in particular new financial mechanisms (operating grants, joint actions, conferences) and tenders help to increase effectiveness in the delivery of their outputs?

5. – To what extent do the technical quality of the project proposals funded, the involvement of relevant decision makers and the negotiation procedures lead to projects that deliver high quality outputs and ensure their uptake?

6. – To what extent are the results of activities funded widely disseminated and publicly available?

7. – To what extent is the spreading of funds over general objectives, priority actions and specific mechanisms a good basis for efficient implementation of the Health Programme?

8. – To what extent does the access to the Programme allow the most appropriate and competent applicants to be selected, according to prioritised needs in line with the programme objectives?

9. – How might the efficiency of the Health Programme be improved?

10. – To what extent are the monitoring processes and resources (at the Commission and MS level) sufficient and adequate to plan and promote the results of the Health Programme and finally to incite stakeholders (internal and external) to make use of them?

11. –To what extent are consistency and complementarity ensured between Programme actions and other EU policies and activities, and with actions at national or international level?

12. – To what extent has the Health Programme so far contributed/can contribute to EU-wide effects?

RECOMMENDATIONS

- What corrective actions are recommended for the ongoing Health Programme or for the future programming period?

LESSONS LEARNED

- What progress has been made in the first three years of this Health Programme compared to the previous Programme?

ANNEXES

Annexes are to include the following: Task Specifications, list of persons interviewed, summary of field visits, questionnaire used and summary of results, results of case studies, list of documents reviewed and any other relevant material.

6. Main references

White Paper "Together for Health: A Strategic Approach for the EU 2008-2013", as available from: http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf

Impact Assessment "Together for Health: A Strategic Approach for the EU 2008-2013", as available from: http://ec.europa.eu/health/ph_overview/Documents/strategy_impact_en.pdf

Documents for the Council Working Party on Public Health at Senior Level available on the Council website: http://www.consilium.europa.eu/showPage.aspx?id=1279&lang=EN

Documents for the EU Health Policy Forum available on the Commission website: http://ec.europa.eu/health/interest_groups/eu_health_forum/policy_forum/index_en.htm

Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13), as available from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:en:PDF

Commission Staff Working Document "Global Health - Responding to the Challenges of Globalisation", as available from: http://onetec.be/global_health/doc/SWD_SEC_2010_380_SANCO.pdf

7. Other Documentation available

Council Doc COM strategy_Nov 2009.p

ANNEX 3: BIBLIOGRAPHY

The following documents were reviewed during the inception phase.

Legal documents:

- Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013)
- Annual Work Programme (2008): Commission Decision of 27 February 2008 on the adoption of the work plan for 2008 for the implementation of the second programme of Community action in the field of health (2008-2013), and on the selection, award and other criteria for financial contributions to the actions of this programme (2008/170/EC)
- Annual Work Programme (2009): Commission Decision of 23 February 2009 on the adoption of the work plan for 2009 for the implementation of the second programme of Community action in the field of health (2008-2013), and on the selection, award and other criteria for financial contributions to the actions of this programme (2009/158/EC)
- Annual Work Programme (2010): Commission Decision of 18 December 2009 on the adoption of the work plan for 2010 for the implementation of the second programme of Community action in the field of health (2008-2013), and on the selection, award and other criteria for financial contributions to the actions of this programme and Community payment to the WHO Framework Convention on tobacco control (2009/964/EU)
- Commission Staff Working Document, document accompanying the White Paper, Together for Health: A Strategic Approach for the EU 2008-2013, SEC(2007) 1376

Other documentation:

- Guy Dargent, Georgios Margetidis and Stefan Schreck (2011): Working document on "The seven ways how to create EU added value"; EAHC, Health Unit
- Guy Dargent (EAHC) / Michel Pletschette (DG Sanco) (2011): Working document on "EU Health programme Evaluation".
- Working document of the Commission Services. Implementation of the Health Programme in 2009 (internal document compiled by DG SANCO)
- Document de travail des services de la Commission. Mise en œuvre du programme de santé en 2008. Bruxelles, 1.6.2010, SEC(2010) 696 final
- The European Union's Public Health Programme (2003-2007): An Effective Way to Improve Health?, European Court of Auditors, Special Report No. 2 // 2009
- Ex-post evaluation of the Public Health Programme (PHP) 2003-2008, Draft Final Report, submitted by COWI, October 2010
- Ex-post evaluation of the Public Health Programme (PHP) 2003-2008, Draft intermediate report, submitted by COWI, June 2010
- Interim evaluation of the Public Health Programme (PHP) 2003-2008, Final Report, submitted by RAND Europe, 2007

- EAHC, Portfolio analysis and evaluation of the health project mapping 2003-2009 exercise, Final report, provided by COWI, July 2010
- Presentation: “Role of projects in an ideal Public health RDI cycle”, provided by Michel Pletschette (DG SANCO)
- Presentation: “Workshop on increasing the impact of European Programmes on public health”, 20-21 September 2010, Menorca summer school, provided by Cinthia Menel Lemos (EAHC)
- Presentation: “Evaluation process for proposals”, provided by Ingrid Keller (EAHC) on behalf of Stefan Schreck, Head of Unit – Health Unit (EAHC)
- Public Health Executive Agency, Dissemination Strategy of the Executive Agency for the Public Health Programme, Version October 2007

Internet sources:

- European Commission Public Health, http://ec.europa.eu/health/index_en.htm
- Directorate General for Health and Consumers, http://ec.europa.eu/dgs/health_consumer/index_en.htm
- Executive Agency for Health and Consumers, http://ec.europa.eu/eahc/

ANNEX 4: OVERVIEW OF STAKEHOLDER INTERVIEWEES

The table below presents the number of interviews carried out for each of the stakeholder groups. It has to be noted that some stakeholders contacted had reasons not to be interviewed, which were logged by the evaluation team and are also presented in the table. The study team contacted DG SANCO in order to find replacements for those stakeholders not possible to interview. Please note that no names of people interviewed will be published due to reasons of personal data protection. DG SANCO has all detailed elements of stakeholders who participated in the interviews.

Table 14 – Stakeholder interviewees as on 14th March 2011

Stakeholder group	No. of stakeholders originally contacted	No. of stakeholders interviewed	Structure / organisation they work for	Geographical origin
EAHC officials	7	6	EAHC	
Programme Committee Members / National Focal Points	11	9	Mainly representatives of National Departments/Ministries of Health	ES; DE; PT; UK; CY; HU; LV; SK; Norway
Policy Committee Members	4	3	Ministries of Health / Transplantation Coordination Centre	DE; CZ; Croatia
MEPs	5	2	Members of the Committee on the Environment, Public Health and Food Safety	SL; DE
International Organisations	3	3	WHO; OECD	
NGOs	3	1	European Kidney Patients' Federation (CEAPAIR)	IE
Officials from other EU Financial Programmes	6	3	DG RTD; DG REGIO; DG MOVE	
External experts responsible for the evaluation of proposals submitted to be funded as actions under the Health Programme	5	5	Various	IT; BE; SE; DK; SL.
Total	**44**	**32**		

ANNEX 5: SAMPLE OF 14 ACTIONS

Table 15 – Sample of 14 actions

ACTION NR	STRAND	PRIORITY AREA	YEAR	PROJECT NR	ACRONYM	NAME	TYPE OF ACTION	COUNTRY	FUNDING
Health Information									
1	HI	Health indicators	2008	20082391	JA FOR ECHIM	Joint Action for European Community Health Indicators and Monitoring	JA	FI	1,500,000.00
2	HI	Monitoring, consistency and quality assurance of health information	2008	20081311R	EURONEOSTAT II	European Information System to Monitor Short and Long-Term Morbidity to Improve Quality of Care and Patient-Safety for Very-Low-Birth-Weight Infants	PR	ES	650,000.00
3	HI	Dissemination and application of health information	2009	20095302	OECD-HEALTHDATA	OECD- HEALTHDATA	DA	FR	400,000.00

ACTION NR	STRAND	PRIORITY AREA	YEAR	PROJECT NR	ACRONYM	NAME	TYPE OF ACTION	COUNTRY	FUNDING
Health Promotion									
4	HP	Addiction prevention	2008	20081211	CLUB HEALTH	CLUB HEALTH - Healthy and Safer Nightlife of Youth	PR	SI	700,000.00
5	HP	HIV- AIDS	2008	20084252	5ECCSRAD	5th European Conference on Clinical and Social Research on AIDS and Drugs	CF	LT	100,000.00
6	HS	Safety of blood, tissues, cells, organs	2008	20081101	EFRETOS	European Framework for Evaluation of Organ Transplants	PR	NL	750,000.00
7	HP	Prevention of major and rare diseases	2009	20093204	EURORDIS_FY_2010	EURORDIS_FY_2010	OG	FR	733,388.00
8	HP	HIV / AIDS	2008	20083271	AIDS ACTION EUROPE	AIDS Action Europe: Public Policy Dialogue and Linking and Learning	OG	NL	200,000.00
9	HP	Addiction prevention	2009	20091220	Take Care	A European information and awareness campaign targeted on the need for old people to stop any unnecessary use of antibiotics	PR	DE	900,000.00
10	HP	Implementation of EU Action Plan on environment and health 2004-2012	2008	20081217	RADPAR	Radon Prevention and Remediation	PR	GR	750,000.00

ACTION NR	STRAND	PRIORITY AREA	YEAR	PROJECT NR	ACRONYM	NAME	TYPE OF ACTION	COUNTRY	FUNDING
11	HP	Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants	2009	20095201	UNAIDS	UNAIDS Awareness raising on HIV/AIDS	DA		400,000.00

ACTION NR	STRAND	PRIORITY AREA	YEAR	PROJECT NR	ACRONYM	NAME	TYPE OF ACTION	COUNTRY	FUNDING
Health Security									
12	HS	Safety of nanomaterials (Annex — point 1.2.1)	2009	20092101	NANOGENOTOX	Safety evaluation of manufactured nanomaterials by characterisation of their potential genotoxic hazard	JA	FR	2,890,268.00
13	HS	Improve citizens safety	2008	20081106	EFHRAN	European Health Risk Assessment Network on Electromagnetic Fields Exposure	PR	IT	600,000.00
14	HS	Assessment of incidence and causes of allergies (Annex - Point 1.2.1)	2008	507976	NVITO NV	VITO NV - SANCO/2008/C7-015/SI2.507976	Tender		100,000.00

ANNEX 6: SPREADSHEET FOR COMPARATIVE ASSESSMENT OF ACTIONS ASSESSED

Action acronym	Action name	Financial mechanism	Starting date	Duration (in months)	Interim Report (yes/no)	Final Report (yes/no)	Call for proposal (year)	EC contribution	% of total amount of project	Total amount of project	Main partner	No. of associated partners (in proposal)	No. of associated partners (in Interim Report)
No. of collaborating partners (in proposal)	**No. of collaborating partners (in Interim Report)**	**Priority area**	**Aim of priority area**	**Action's matching with aim**	**Priority action**	**Aim of priority action**	**Action's matching with aim**	**Overall score achieved in Consolidated Evaluation Report**	**Total criteria block: A**	**Total criteria block: B**	**Total criteria block: C**	**Comments according to Evaluation Report**	**Monitoring processes in place (no. of resources) for dissemination or results?**

ANNEX 7: ANALYSIS OF COMPARABLE INITIATIVES

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
Objectives	• To improve citizens' health security; • To promote health, including the reduction of health inequalities; • To generate and disseminate health information and knowledge.	• To advance understanding on how to more efficiently promote good health • To prevent and treat major diseases • To deliver health care by supporting world-class collaborative research with specific attention to translational research.	• Ensure a high level of consumer protection, notably through better consultation with consumers and better representation of their interests; • Ensure the effective application of consumer protection rules, in particular through cooperation on enforcement, information, education and redress.	• To prevent and reduce drug use, drug addiction and the associated inherent risks; • To improve information about drug use; • To support the implementation of the EU Drugs Strategy; • To promote transnational actions; • To involve civil society in the implementation and development of the European Union Strategy on Drugs; • To control, implement and assess the action plans.	**General objective:** to contribute to the protection of children, young people and women against all forms of violence and to attain a high level of health protection, well-being and social cohesion. These general objectives will contribute to the development of Community policies, in particular those related to public health, human rights and gender equality, as well as actions aimed at protection of children's rights, and the fight against trafficking in human beings and sexual exploitation. **Specific objective**: to contribute to the prevention of, and the fight against, all forms of violence occurring in the public or the private domain against children, young people and women, including sexual exploitation and trafficking in human beings, by taking preventive measures and by providing support and

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
					protection for victims and groups at risk.
Management	DG SANCO/EAHC	DG RTD	DG SANCO	DG JLS	DG JLS
Year launched	2008	2007	2007	2007	2007
Budget	€321.5 million	€ 6.1 billion	€ 156.8 million	€ 21,35 million	€116.85 million
Size / frequency of grants	Co-financing system, depending on financing mechanisms. Allocation of funds changes annually. / Annual	Frequency of calls: 2 in 2007; 2 in 2008, 6 in 2009, 2 in 2010 Funding thresholds apply to different types of projects: • For small or medium-scale focused research projects requested EC contribution shall not exceed EUR3 million unless otherwise indicated in the topic description • For Large-scale integrating projects the requested EC contribution shall be over EUR 6 mill and not exceed EUR 12 mill unless otherwise indicated in the topic description. • In addition, some activities may be taken forward through public procurement procedures (calls for tenders).	Annual calls for proposals. Allocation of funds changes annually. The Executive Agency for Health and Consumers oversees the budget implementation of tasks related to project grants, operating grants, grants for joint actions, conference grants and direct grant agreements with international organisations.	Annual calls for proposals. Allocation of funds changes annually. Community financing may take the legal form of grants or public procurement contracts. The annual work programmes specify the minimum rate of the annual expenditure to be awarded to grants and the maximum rate of co-financing.	€75,000 – 600,000 / one call for projects and one call for operating grants annually forecasted. Various calls for tenders according to the needs of the EC.
Nr of MS covered	All MS, EEA, European Neighbourhood countries	All MS, Associated States and Third Countries	All MS. The programme is also open to the EFTA/EEA	All MS, as well as candidate countries, EEA,	All MS, as well as candidate countries, EEA,

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
	and Balkans		countries; and third countries, in particular countries to which the European Neighbourhood Policy applies, countries that are applying for, are candidates for, or are acceding to, membership of the European Union, and the western Balkan countries included in the stabilisation and association process.	Switzerland, Balkans	Balkans
Financing mechanisms	• Cofinancing of projects intended to achieve a Programme objective; • Tendering actions to achieve a Programme objective; • Cofinancing of the operating costs of a non-governmental organisation or a specialised network; • Joint financing of a public body or non-governmental organisation by the Community and one or more MS; • Joint actions with other Community programmes, which will generate coherence between this instrument and	The Health theme is being implemented through the following funding schemes: • CP-FP (Collaborative Project-Small or medium-scale Focused research project); • CP-IP (Collaborative Project-Large scale Integrating Project); • NoE (Network of Excellence); • CA (Coordination and Support Action - Coordinating Action); • SA (Coordination and Support Action - Supporting Action	Some calls for proposals and grants for EU consumer organisations	Grants for projects and studies are awarded by the Commission following calls for proposals.	• Action Grants • Operating Grants • Contracts

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
	other Community programmes.				
Types of projects supported	Diverse range of projects in the public health domain working towards the programmes 3 overarching objectives supported.	Activities funded in 3 main areas: • Biotechnology, generic tools and technologies for human health • Translating research for human health • Optimising the delivery of healthcare to citizens Support to projects, encourage benchmarking, comparisons, and analysis of models, systems and data, from clinical outcomes to clinical and health care practice, through health system research, inequalities, disease prevention and health promotion research.	Actions defined for the implementation of objective 1: • the collection, exchange and analysis of data and information • the development of assessment tools, legal and technical expertise including studies, seminars and conferences • contributions to the functioning of European consumer organisations Actions defined for the implementation of objective 2: • coordinated surveillance and cooperation between national authorities • monitoring and assessment of the safety of non-food products and services • information, advice and redress actions consumer education actions	Qualifying activities are: • Creation of networks • Dissemination of information • Teaching/Training • Exchange of know-how	• Specific actions taken by the EC (e.g. Studiers and research, opinion polls and surveys, formulation of indicators and common knowledge) • Specific transnational projects of Community interest presented by at least 2 MS • Support to activities to NGOs or other entities pursuing an aim of general European interest regarding the general objectives of the programme (Operating grants) **Qualifying activities are:** • Transnational cooperation • Creation of networks • Dissemination of information • Mobility actions • Teaching, Training • Organisation of events • Pilot project • Applied research • Exchange of know-how

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
M&E arrangements	Independent, external mid-term evaluation of the programme currently underway DG SANCO informs the European Parliament and the Council annually on the Programme's implementation.	Independent, external interim and ex-post evaluations of FP7 as a whole. Participants of funded actions are also required to submit periodic and final scientific and financial reports to the Commission documenting progress and achievements.	The Commission will evaluate the programme three years after its start, i.e. at the beginning of 2010, and following its end in 2013.	**The Commission is required to:** • make sure that beneficiaries submit progress reports and a final report; • require beneficiaries to justify failures to observe time limits; • check that actions financed are actually implemented, taking steps to prevent fraud, corruption and any other illegal activity; • control expenditures and reduce or cancel support or demand repayment of sums already disbursed if irregularities are discovered. **The Commission also ensures a regular independent external evaluation of the programme, and presents to Parliament and the Council:** • an annual implementation report; • an interim evaluation report on the results obtained (by 31	The Commission will regularly monitor the implementation of the programme through the examination of final reports submitted by the beneficiaries and, where required, by on-thespot monitoring. Projects will be monitored throughout their life cycle. The Commission will further ensure the regular, independent, external evaluation of the Programme (mid-term and final).

Criteria / Programme	EU Health Programme 2008-13	The 7th Framework Programme (FP7) - Health Theme	Programme of Community action in the field of consumer policy	Programme 'Drugs prevention and information'	Programme 'Fight against violence (Daphne 3)'
				March 2011); • a communication on the continuation of the programme (by 30 August 2012); an ex-post evaluation report (by 31 December 2014).	
Rating*		High	Medium	Medium	Medium

* Rating of the level of complementarity between programme and EU Health Programme (High / Medium / Low)

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