

DG SANCO

Ex-post evaluation of the Public Health Programme (PHP) 2003-2008

Final report

March 2011



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Task specifications

Case studies

1 Key points of the evaluation

Achievement of programme objectives

- The case studies illustrate a clear linkage between the objectives of the PHP and the projects funded on one hand and how these projects may contribute to the achievements of the objectives of the PHP on the other hand. However, the assessment of achievement of objectives is hampered by lack of clear performance indicators.
- The e-survey reveals that even though many stakeholders find that the objectives are unclear, there is a general belief that PHP objectives have been achieved to some extent. Beneficiaries are more optimistic compared with other stakeholders.
- The case studies document that the projects funded by the PHP have delivered a number of concrete results in the form of reports, articles, websites and training etc.
- Most of the projects selected for the case studies have a strong potential to contribute to the preparation, development and implementation of EU public health initiatives. However, only limited evidence was found of such contributions at both national and EU level.
- There are projects where dissemination of knowledge generated has been considerable. However, for other projects, the dissemination effort has not been targeted to all relevant stakeholders.
- According to the case studies, sustainability was mainly achieved by making projects results available on websites after the project period and through follow-up projects funded by DG SANCO. There seems to be a need for a clearer focus on dissemination of project results to policy-makers in order to promote sustainability through implementation of policy initiatives.
- According to the case studies, a three-year funding period is not always long enough to cover the whole project cycle. Furthermore, the present

funding model where projects compete to obtain funding may promote good start-ups but entail less focus on dissemination and implementation of the results.

Implementation of the programme

- All projects selected for in-depth case studies are perceived to be relevant to the PHP and have provided clear European added value - in this way, the projects selected may be regarded as success stories. The Commission staff stated in the interview that the focus on European added value should have higher priority
- The portfolio analysis conducted by COWI shows a good coverage of PHP objectives and work plan priorities.
- However, many stakeholders involved in the implementation of the PHP hold the view that there are too many priority areas in the annual work plans.
- According to the e-survey, most beneficiaries are familiar with the EU public health policy in general. They are also familiar with the general programme objectives and annual priorities of the PHP but to a somewhat lesser extent.
- Other stakeholders employed by international organisations are in general very familiar with the EU public health policy and the way the programme supports this policy.
- It may be somewhat surprising that other stakeholders employed in the public administration of the Member States are not more familiar with the EU public health policy, general programme objectives and annual priorities of the PHP than the e-survey results indicated.
- Small organisations might not have the resources necessary to participate in the programme, especially organisations/research institutions from Eastern Europe.
- According to the e-survey, most beneficiaries have met barriers to receiving funding (language, procedures, cultural differences, new/old EU membership). From the viewpoint of most other stakeholders, there are indeed barriers to receiving funding.

The five highest ranked recommendations

- 1 DG SANCO should reduce the number of priority areas in the annual work plans by allowing a maximum of five 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.

- 2 DG SANCO should in collaboration with EAHC define clear performance indicators (success criteria) at programme level in order to facilitate follow-up and evaluation of the achievements. These success criteria should be based on a thorough elaboration of the intervention logic underpinning the different areas and priorities of the programme.
- 3 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 procedures do not increase the administrative burden for the end user and grant holders unnecessarily.
- 4 DG SANCO should ensure that the priority areas in the annual work plans 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.
- 5 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 by increasing the EC financial contribution (DG SANCO), possibly on the basis of an alternative cost model.

2 Executive summary

2.1 Introduction

Purpose

The overall purpose of this evaluation is to assess the effectiveness, efficiency and utility of the Public Health Programme (PHP). Thus, it is assessed whether the achievements of the programme:

- correspond with its objectives
- are achieved at reasonable resource use/costs
- correspond with needs, problems and issues (of relevance to stakeholders).

Furthermore, the impact of the programmes, projects, and activities on the improvement of public health policies in the Member States and at EU level is assessed. This is done by evaluating the extent to which the programme has achieved the intended outcomes/impacts, delivered inputs to policy, ensured consistent and complementary implementation with respect to the Member States' expected achievements in the field of public health, and been implemented in accordance with the international public health aims. All this will be undertaken with a view to examining European added value.

2.2 Methods

Combination of four types of information sources

The results of the evaluation are found by combining four types of information sources, namely desk study, e-survey, interviews and case studies - acknowledging the strengths and the weaknesses of the different methods. The different sources contribute in different ways. While e.g. the e-survey has a widespread coverage of beneficiaries and other stakeholders compared with the interviews and case studies, the issues are, in turn, covered in less detail.

In addition to these weaknesses, there are a number of caveats to be aware when analysing the results of applying the evaluation methodology.

Unclear formulations of intended results and impacts

The evaluation of the effectiveness of the PHP in contributing to European public health suffers from a lack of an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators. A consequence of intended results and impacts not being clearly set out is that it is difficult to assess whether they have been achieved. Hence, in practice - as done in the present evaluation - the evaluator attempts to establish the intervention logic for the programme, and while doing this, seeks to describe how to measure objective achievement. The caveat is thus that the use of the assessment of objective achievement is associated with the additional uncertainty of target specification.

Attribution vs. contribution of PHP interventions

Even without well-specified targets, an evaluation will analyse results and impacts envisaged to have been caused by the PHP interventions. This is, however, also not straightforward - for at least two reasons.

Firstly, changes to, for example, health policies and ultimately improvements to the health of groups of European citizens are typically the result of complex interactions. Since it is difficult to attribute the change in a given health outcome to a specific PHP intervention, the evaluation merely assesses whether the intervention has contributed to a change in the health outcome.

Secondly, the counterfactual situation of what would have happened to the relevant health output, result, or impact indicators anyway - i.e. without the PHP intervention - is unobservable, and furthermore it is in the given context considered difficult to estimate.

Many results and impacts appear in the medium to long term

Furthermore, the fact that health improvements take time means that many of the results and impacts of the PHP interventions will not have materialised at the time of the evaluation - but may do so in the medium to longer term. Hence, a caveat is that the evaluation to some extent is limited to assessing the actual project deliverables. Another caveat is here that such speculations, in particular by project participants, are likely to be too optimistic - a caveat that in practice is relevant to all evaluation methodologies where assessments are based on subjective opinions.

2.3 Main results and conclusions

2.3.1 European public health needs - relevance and European added value

When looking at relevance and European added value of the PHP ...

The extent to which the PHP has addressed the perceived and real needs concerns three issues. Firstly, the extent to which the needs have been addressed in the annual work plans (AWPs) and listed as a priority area is central. This is a precondition to funding of activities in the field. Secondly, it is important whether activities have actually been funded in the priority area. Finally, it concerns whether the needs have been addressed during the implementation of the

	activities funded, if any, to the extent that some room for manoeuvre remains within the scope of the project defined in the application and contract documents.
... we conclude that the PHP activities have been relevant	In our view, the activities financed under the PHP have in general been relevant to the overall aim of the PHP, the general objectives and the priority areas listed in the annual work plans.
...	This is in part a consequence of the far-reaching aim, objectives and priorities of the PHP - making it difficult to identify public health issues that may be considered as not relevant. The aim, objectives and priorities of the PHP are very broad and thus may encompass a wide range of issues in the field of public health.
... only few possible gaps have been identified ...	Furthermore, the activities funded show a good coverage of the work plan priorities. Only few possible gaps have been identified. However, during the PHP period projects have been funded under many different priority areas as defined in the annual work plans (AWPs). Taking into account the limited available financial resources of the PHP, this may have diluted the potential effects of the individual projects compared with a more targeted effort in selected areas. The point of view that there may have been too many priority areas was also put forward by the Court of Auditors in 2008 and Commission staff during this evaluation. However, since the PHP was the first programme in the field of public health at EU level, it can be argued that it was wise and necessary to fund a broad spectrum of activities; but today a more targeted effort in selected areas seems to be of crucial importance.
... and the projects selected for case study analysis showed clear European added value	In general, the projects selected for the in-depth case studies are found to have provided clear European added value. In this way, the projects selected may be regarded as success stories. There is no clear cut definition of European added value. According to the EAHC homepage, "European added value refers to the European dimension of the problem and of the project. Projects funded within the EU Health Programme are expected to contribute to solving problems at the European level, and the expected impact of co-ordinating the work at European level should be greater than the sum of the impacts of national activities". Thus, our judgment is based on whether the projects are likely to have gained value by being addressed/implemented at the European level rather than at regional/national levels. It is the view of the evaluator that there could be even more focus on ensuring European added value of the funded activities - both through the compilation of annual work plans, including choice of priority areas, and through decisions on which applications to accept. This point of view was also put forward by Commission staff interviewed during the evaluation.

2.3.2 Effectiveness

When looking at the effectiveness of the PHP ...

The Court of Auditors (CoA) concluded in an audit of the PHP in 2008 that the programme lacks an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators.

While such lack of intervention logic can hinder the effectiveness of programme implementation, it also has implications for an evaluation - if intended results and impacts are not clearly formulated, it is difficult to assess whether they have been achieved. However, a programme without well-specified targets in the programme documents is not the same as saying that the programme does not have objectives and a plan for reaching these objectives. The case studies illustrate that there is a clear logic between the objectives of the PHP and the projects funded, on the one hand, and the potential contribution of the projects to the achievement of the objectives of the PHP, on the other hand.

... we conclude that the PHP projects have delivered a number of concrete results ...

The evaluation has found that the projects funded by the PHP have delivered a number of concrete results in the form of reports, articles, websites, training etc. The case studies also demonstrated that the programme has supported the establishment and maintenance of networks and sharing of experiences across Europe. The case studies indicate that the projects in general have strong potentials to contributing to the preparation, development and implementation of public health policy initiatives. The evidence of such contributions was, however, limited. This was confirmed by interviews with Commission staff. It seems that the dissemination of project results is not always targeted to policy makers. In addition, the results of the projects are not always reported in a systematic and transparent way in the final reports, and not all final reports are available on-line.

Based on the case studies, we believe that most of the projects funded by the PHP have produced evidence, data or methodologies with significant value. This view was confirmed by the beneficiaries taking part in the e-survey. However, only few good examples were provided by Commission staff during interviews. The case studies indicate that it may be more difficult in general to justify recurrent projects in terms of new results. However, continued funding may be justified on other grounds, e.g. to ensure sustainability.

... but not enough focus has been on dissemination of results to a wider audience and the political level ...

The projects funded by the PHP have also helped transmit experience/best practices to and from health stakeholders. This conclusion is based mainly on the case studies, but confirmed by interviews with Commission staff. Networks and conferences may be accentuated as good examples in this regard. However, the extent to which such transmission has actually taken place is not well documented.

The dissemination of project output and results is central to reach users and to achieve the PHP objectives. Both the Commission and the beneficiaries have a responsibility in this regard. The Commission makes available information on

the output and results of projects to the public on the EAHC website, including in the project database, and by organising conferences. According to Commission staff interviewed as part of the evaluation, the Commission could do more in this field but is restrained by lack of resources. The case studies revealed that in some cases beneficiaries have done a considerable effort to disseminate project results, e.g. through publication of articles, website, training seminars and conferences. In other cases, the dissemination efforts have not been targeted to all relevant stakeholders.

... but new financial instruments have been introduced with the second Health Programme 2008-2013

Most of the budget is allocated to calls for proposals. In recent years, the use of calls for tenders has become more common to achieve more focused outcomes. Furthermore, direct grant agreements are considered important to ensure cooperation with international organisations at the strategic level and the pooling of resources. Challenges posed the existing financial instruments include ensuring sustainability. Networks may need continued funding to maintain activities. Furthermore, a three-year funding period may not always be sufficient to cover the whole project cycle.

The Commission has already responded to some of the limitations of the financial instruments by introducing new instruments in the second Health Programme 2008-2013, most notably operating grants and joint actions. Time will show whether introduction of these new instruments are sufficient to overcome the challenges encountered during the implementation of the PHP 2003-2008.

Another problem encountered in this evaluation is that small organisations do not always have the resources necessary to participate in the programme. This is especially true for organisations from Eastern Europe. Both the interviews with Commission staff and the case studies pointed to this problem.

The case studies also revealed that the present funding model by which projects compete to obtain funding may promote good project start but may also entail less focus on dissemination and implementation of the results.

Another important lesson from the case studies is that some traditional public health researchers applying for PHP funds seem to place less emphasis on aspects such as the link to EU public health policies, implications in terms of national policies and the dissemination of project results beyond the narrow circle of experts directly dealing with each topic. In such cases, it must be considered whether the PHP is ultimately meant to support evidence-based developments at the EU level or to subsidise ongoing research activities of the public health community.

2.3.3 Consistency/complementarity

When looking at the consistency/complementarity of the PHP ...

According to the PHP programme decision, consistency and complementary should be ensured between activities implemented under the PHP and those envisaged or implemented under other policies and activities, in particular in the light of the requirement to ensure a high level of human health protection in the definition and implementation of all Community policies and activities.

... we did only find limited evidence of a systematic approach ...

The Commission, the Member States and the beneficiaries all have a responsibility in this regard. At both Commission and project levels, coordination takes place to some degree, and this evaluation observed a high degree of complementarity with other Commission policies and actions as well as activities in international organisations. However this was not done in a systematic way.

... but evidence from the case study and EU programmes show many activities

The case studies selected for in-depth study generally show activity either regarding policy at national or EU level or other national/international activities ensuring consistency/complementarity in the field. Some projects have several activities at national and international policy level whereas others have national or international activities at programme and/or project level.

2.3.4 Support/involvement

When looking at support/involvement, we conclude that most stakeholders are familiar with EU public health policy and the PHP ...

The e-survey revealed that most of the stakeholders are familiar with the EU public health policy in general. This also holds for the general programme objectives and annual priorities of the PHP but to a somewhat lesser extent. In general, beneficiaries feel more familiar in this area than other stakeholders. However, other stakeholders employed by international organisations are also very familiar with the EU public health policy and the way the programme supports this policy. Stakeholders employed in the public administration of the Member States feel less familiar with this area. This is an important observation as familiarity is considered closely associated with involvement.

... most beneficiaries have met barriers to receiving funding ...

Most beneficiaries have met barriers to receiving funding. Possible barriers include language problems, procedures and cultural differences. As an example, requirements to management might be difficult to fulfil by some PHP applicants as pointed out by Commission staff interviewed as part of the evaluation. Furthermore, some stakeholders might have problems finding the supplementary funding necessary to participate in the programme.

... and the degree to which the needs of Member States are met depends on their participation in the PHP

The needs of the different Member States may be translated in terms of priorities in the annual work plans (AWPs), activities selected for funding and in terms of involvement in the implementation of the funded activities. The Commission, the Member States and the beneficiaries all have important roles to play in this regard.

The implementation of the programme should promote national involvement at all levels, including actual involvement of Member States in the choice of priority areas for the annual work plans (AWPs). This is important to increase the

potential use of project output and results at national level. Furthermore, it is important that the Commission raises awareness among national stakeholders that complementary funding is highly supportive. The introduction of joint actions as a new financial instrument with the second Health Programme 2008-2013 is a step in this direction.

Through participation in the Programme Committee, the Member States have the opportunity to influence the implementation of the programme. According to Commission staff interviewed during the evaluation, the actual participation/involvement of Programme Committee members differs across countries depending on importance attached to the programme by national systems and individual factors. In general, Programme Committee members do not seem to consult operating stakeholders at national level to a sufficient degree. Furthermore, the frequent turnover of Programme Committee members tends to reduce participation/involvement by the country in question.

The case studies point to good examples of projects that ensure participation at national level, e.g. by appointing national coordinators with special knowledge of the needs and terrain of decision-making in their own countries. However, no evidence has been found as to whether and to what extent the project output is actually used at national level. Neither is evidence found as to what extent national interests are taken into account in the implementation of the projects.

2.3.5 Monitoring

When looking at the monitoring of the PHP ...

Monitoring is a continuous and systematic process carried out during an intervention, which generates quantitative data on the implementation of the intervention but usually not its effect. The intention is to correct any deviation from the operational objectives and thus improve the performance of the programme as well as facilitate the subsequent evaluation.

... we conclude that progress has been made, but there is still room for improvement

Progress has been made since the launch of the PHP to ensure that the monitoring system delivers the information needed to support sound implementation of the programme. In our view, there is still room for improvement. During interviews conducted as part of the evaluation, Commission staff expressed that more resources should be allocated to the monitoring of the programme. A vast amount of information is collected through the online applications for funds under the second Health Programme. Furthermore, the beneficiaries are required to compile a final technical implementation report describing the process and deliverables produced. Relevant information on the activities funded should be registered in a database in order to ease the monitoring of the implementation of the programme, including the coverage and results of activities funded. Based on this register, regular reports on the implementation may be produced and distributed to relevant stakeholders.

2.3.6 Sustainability

When looking at the sustainability of the PHP results, we find little evidence of sustainability through policy initiatives ...

By sustainability we understand the continuation of activities after the funding period has ended. Sustainability concerns both cooperation between project participants and the dissemination and use of project results. As regards the dissemination and use of project results, the most wide-ranging sustainability is achieved when activities are continued by other players and/or integrated into existing structures, e.g. through policy initiatives.

This evaluation indicates that project results were sustained by still being available on websites after the end of the project period and through follow-up projects funded by DG SANCO. However, little evidence has been found of the sustainability of project results through policy initiatives, neither at EU nor at national level.

No evidence was found of compilation of systematic legacy plans to ensure sustainability of the projects.

... but the PHP has helped create critical mass of expertise by establishment of networks

In addition to pursuing sustainability of outputs and results actually achieved, the sustainability of the established collaborations - that might deliver outputs and results also after the EC funding has ended - has been assessed. We believe that the EC funding has helped create critical mass of expertise from a more fragmented expert structure through the establishment of networks and conference events, info days etc.

2.4 Recommendations

The table below provides an overview of our recommendations in order of priority in each evaluation dimension. The five highest ranked recommendations are marked in bold.

Figure 2-1 Overview of recommendations in order for each evaluation dimension in order of priority

1. Relevance and European added value	1	DG SANCO should reduce the number of priority areas in the annual work plans by allowing a maximum of five 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. (1st priority)
	2	DG SANCO should ensure that the priority areas in the annual work plans 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. (4th priority)
	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.
	4	DG SANCO should earmark a part of the budget of each annual work plan to funding of activities in areas with the aim to tackle unexpected

		public health problems that may arise after the drawing up of the annual work plan.
2. Effectiveness	5	DG SANCO should in collaboration with EAHC define clear performance indicators (success criteria) at programme level in order to facilitate follow-up and evaluation of the achievements. These success criteria should be based on a thorough elaboration of the intervention logic underpinning the different areas and priorities of the programme. (2nd priority)
	6	DG SANCO should earmark a part of the budget in the annual work plans as easy accessible funds towards additional dissemination efforts. These should be distributed based on a separate 'fast track' and simple application procedure. However, this might require a change in the financial regulation.
	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.
3. Consistency/complementarity	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.
	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 consultations.
4. Support/ involvement	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 by increasing the EC financial contribution (DG SANCO), possibly on the basis of an alternative cost model. (5th priority)
	11	EAHC should distribute an information package with relevant targeted information about the programme to each Programme Committee and National Focal Point members.
	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.
5. Monitoring	14	EAHC should compile monitoring reports on a yearly basis based on common management performance indicators.

	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 describe their projects. This improved information about coverage of health objectives will enhance both funding decisions and evaluation exercises.
6. Sustainability	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 procedures do not increase the administrative burden for the end user and grant holders unnecessarily. (3rd priority)
	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.

3 Introduction

3.1 Purpose of the evaluation

Overall purpose of the evaluation

In line with the Commission's guidelines for evaluating EU activities¹ the purpose of the evaluation is to assess the effectiveness, efficiency and utility of the Public Health Programme (PHP). Thus, it is assessed whether the achievements of the programme:

- correspond with its objectives
- are achieved at reasonable resource use/costs
- correspond with needs, problems and issues (of relevance to stakeholders).

Furthermore, the programmes, projects, and activities' impact on the improvement of public health policies in the Member States and at EU level is elucidated. This is done by evaluating the extent to which the programme has achieved the intended outcomes/impacts, delivered inputs to policy, ensured consistent and complimentary implementation with respect to the Member States' expected achievements in the field of public health, and been implemented in accordance with the international public health aims. All this will be undertaken with a view to examining European Added Value.

Focus of evaluation

The focus of the evaluation is on the implementation and achievements of the programme. In terms of implementation, this will involve establishing and evaluating the correspondence between the needs and the expectations at all levels of the specific and the operational objectives of the programme decision as well as of the annual work plans, and the actions financed under the programme. This will be accompanied by an indication of the amounts invested in each of the objectives. Furthermore, the implementing procedures of the programme will be evaluated to allow for recommendations on their improvement.

¹ Evaluating EU activities - a practical guide for the Commission services, European Commission, July 2004.

Use of evaluation results

The evaluation results are envisaged to be used by the Commission in the following ways:

- reporting on the programme implementation to the European Parliament and the Council
- better defining the needs of any future programme with more focused and more explicit objectives and success indicators
- reporting on improvements in relation to current monitoring systems
- reconsidering the scope for EU public health activities and the approach to EU funding
- designing a legacy plan to contribute to the sustainability of outcomes
- validating empirical definitions of networks, and information systems, etc.

3.2 Outline of the report

Outline of the report

The report comprises 13 chapters:

- The previous chapters (chapter 1 and 2) present the key points of the evaluation and the executive summary
- The present chapter (chapter 3) describes the purpose of the evaluation.
- Chapter 4 briefly outlines the context of the evaluation
- Chapter 5 describes the evaluation methodology and data collection process
- Chapter 6 elaborates on the European public health needs - i.e. the relevance and European added value of the PHP.
- Chapter 7 elaborates on the contribution to European public health - i.e. the effectiveness of the PHP
- Chapter 8 elaborates on EU level public health initiatives with respect to the consistency and complementarity of the PHP
- Chapter 9 elaborates on EU level public health initiatives with respect to support and involvement of the PHP
- Chapter 10 elaborates on the monitoring of the PHP

- Chapter 11 describes the sustainability of EU public health efforts - here-under the sustainability of the PHP
- Chapter 12 presents the conclusions and recommendations
- Chapter 13 includes a list of references.

4 Context of the evaluation

4.1 Complexity of European public health

Challenges

In order to appreciate the complexity of this evaluation, it is considered valuable to highlight the complexity of European public health. The European public health field faces numerous problems in these years. One problem is the change in lifestyle habits, another is the rise in lifestyle diseases, such as type 2 diabetes or coronary heart diseases. Problems are scaled up by the demographic changes reflecting a rapid increase in the percentage of elderly citizens resulting from low birth rates and increasing longevity. By 2050, the number of people in the EU aged 65+ will have grown by 70 per cent, and the 80+ age group will have grown by 170 per cent². Simultaneously, life expectancy varies from 65.3 years in Lithuania to 79.5 years in Iceland partly due to inequality in health. With increasing age, a rise in diseases (lifestyle diseases and chronic diseases) and dependency are observed. Furthermore, infectious diseases - e.g. bird flu, the re-emergence of tuberculosis, or the appearance of variant Creutzfeldt Jacob Disease - illustrate the diversity of health threats, which may appear without notice, and the importance of rapid action.

Dynamic complexity

A fascinating aspect of the public health field relates to the dynamic complexity between the systems that link social determinants of population health and the institutional organisations that determine the collective response to threats to community health. It is necessary to obtain deep insight into the significance of a number of factors for the health status of the population in order to relate health and financial consequences to risk factors. The causes of many diseases and disabilities are thus complex and multi-factorial.

Risk factors - a chain of causalities

Furthermore, there may be direct causality between risk factors and morbidity or mortality; or risk factors may relate to a chain of causalities reflecting areas such as social relations, living conditions, working conditions, socioeconomic conditions, and cultural conditions. Hence, there may be obvious health inequalities across Europe. Even though most countries offer universal healthcare systems, large population groups face significant barriers to equal access to healthcare. Among those who have the poorest access to healthcare are disad-

² Eurostat population projections published on the International Day of Older Persons, 29 September 2006.

vantaged communities and vulnerable population groups, such as low-income groups, migrants and children.

Various ways are needed to respond to the different health challenges

Hence, it is obvious that the inherent complexity of the health field claims various ways of working with public health as well as the development and implementation of public health policies. In some cases, prevention is plausible e.g. in implementing preventive strategies to reduce decreases in functional ability of elderly people; or implementing preventive strategies aiming at changing the lifestyle of people with lifestyle diseases. Other strategies are needed to address chronic diseases where treatment and/or how to live with chronic diseases are important factors. Regarding communicable diseases, epidemiological surveillance contributes to the reduction of morbidity and/or mortality whereas rapid and co-ordinated responses to these threats are necessary in emergencies, such as in the case of bird flu.

4.2 Public Health Programme 2003-2008 (PHP)

Complexity of PHP

The complexity of the public health field is naturally reflected in the Public Health Programme 2003-2008 (PHP). The different health problems need to be treated in various ways and with respect to the complexity of each issue.

PHP intervention logic

However, to reduce the complexity - or at least make it transparent - the PHP has a hierarchy of objectives/levels. Four levels of the PHP are distinguished:

- The strategic level represents the high-level aim of the programme and is defined in general terms. This level is inherently linked to the Treaty or other overall policies of the EU.
- The general level presents the ways in which the strategic objectives can be achieved. This level is directly linked to the structure of the programme.
- The specific level sets the specific priorities and areas of actions of the programme, and contains thus the annual action plan part of the programme.
- The operational level is the lowest level of the programme structure, and is closely linked to the funded projects.

More precisely, the strategic level addresses the article of the Treaty that refers to public health and the Community's Health Strategy. This thus influences the formulation of the overall aim of the PHP.

The three general objectives correspond to the programme's three strands³. This is illustrated in Table 4-1.

³ Ibid.

Table 4-1 General level of PHP 2003-2008

General level:		
General objectives of the PHP 2003-2008:		
6 To improve information and knowledge for the development of public health		
7 To enhance the capability of responding rapidly and in a coordinated fashion to threats to health		
8 To promote health and prevent disease through addressing health determinants across all policies and activities		
Strands:		
1. Health information - actions and supporting measures	2. Health threats - actions and supporting measures	3. Health determinants - actions and supporting measures
1.1: Health monitoring system 1.2: Early warning system 1.3: System for transfer and sharing 1.4: Mechanisms for analysis, advice, reporting, information and consultation 1.5: Impact of health policy developments 1.6: Reviewing, analysing, and supporting the exchange of experiences 1.7: Exchange of information and experiences on good practice 1.8: Availability to the general public on the Internet of information	2.1: Communicable diseases - network on epidemiological surveillance 2.2: Communicable diseases - network operations 2.3: Non-communicable disease 2.4: Exchanging information - emergencies 2.5: Exchanging information - vaccination and immunisation 2.6: Substances of human origin - safety 2.7: Vigilance networks for human products 2.8: Protection of human health - environmental threats 2.9: Reducing antibiotic resistance	3.1. Public awareness - lifestyle 3.2. Social and economic health determinants 3.3. Health determinants related to the environment 3.4. Exchange information on genetic determinants 3.5. Evaluation of health promotion strategies 3.6. Encouraging training activities related to the above

The specific level of the PHP is also divided into two levels. The first represents the priority areas of the programme, and the second characterises the topics under each priority area⁴. The priority areas and topics are both defined in the Annual Work Plans (AWPs) attached to the programme. This means that the priority areas and topics are annual and can be subject to annual changes. Internally, the Commission adopts the AWPs under the supervision and advice of the Programming Committee. The Committee has one representative from each Member State.

The operational level includes the funding level of the programme. Funded projects/activities are networks, conferences, research schemes, etc. corresponding to the annual priorities (priority areas/topics). The PHP financial envelope is distributed on calls for proposal/ tender and international grant agreements.

⁴ In this study, we have chosen to name the two levels of the AWPs "priority area" and "topic".

Box 4-1 describes the evolution of the AWP over the programme period 2003-2008.

Box 4-1 Evolution of the annual work plans (AWPs) 2003-2008

Each year during the programme period 2003-2008, the Commission has prepared and adopted an Annual Work Plan (AWP) following approval by the Member States represented in the Programme Committee. The AWP sets out priority areas and criteria for funding activities. Funding decisions are subject to competitive selection procedures through calls for proposals (projects) and calls for tender (service contracts).

Budget

The budget available varies from AWP to AWP, with the largest budget for the 2005 AWP, estimated at EUR 58,900,000, and the lowest budget for the 2007 AWP, estimated at EUR 40,000,000.

Allocation of resources across strands

In the 2003 AWP, the allocation is 33/32/35 per cent for the health information, health threats and health determinants strand respectively. In the 2004 AWP, it is mentioned that the health information strand will receive slightly more (36 per cent) than the other two strands (32 per cent). In the 2005 and 2006 AWP, an equal division of resources is emphasised (no specific percentages are mentioned). In the 2007 AWP, it is mentioned that the quality and quantity of proposals received will be taken into account when allocating the resources (no specific percentages are mentioned). Furthermore, in the 2006 and 2007 AWP, it is mentioned that if a public health emergency arises, the allocation of resources will be reconsidered.

Priority areas

In the 2003 AWP, a number of crosscutting themes are mentioned as independent priority areas. In later AWP, all priority areas mentioned are assigned to one of the three strands. The majority of priority areas are listed in all (or almost all) AWP - the text in the work plans/wording of priority areas may have changed slightly, but the overall contents remain the same. Other priority areas have only been listed in later AWP, e.g. "Developing strategies and mechanisms for preventing, exchanging information and responding to non-communicable disease threats, including gender specific threats and rare diseases (HI)" and "Capacity to deal with an influenza pandemic and tackle particular health threats (HT)". "Actions to improve health information and knowledge for the development of public health (HI)" and "Information on the environment and health (HI)" were mentioned for the first time as independent priority areas in the AWP for 2007. On the other hand, "Ageing and health", "Health in applicant countries" and "Rare diseases (HT)" were only listed as independent priority areas in the 2003 AWP (the first two as crosscutting themes), and "Genetic determinants of health (HD)" was only listed as an independent priority area in the AWP for 2005.

Financial contribution of maximum 60 or 80 per cent

In the 2003 AWP, it is set out that at least 20 per cent of the project costs must be funded by other

sources than the PHP. In the later AWP, this is increased to 40 per cent meaning that the amount of the financial contribution cannot be more than 60 per cent of the project costs. However, a maximum co-financing of 80 per cent of the eligible cost could be financed if the project has a significant European added value. No more than 10 per cent of the funded projects can receive a co-financing over 60 per cent.

Funding period of maximum three years

For the projects to be co-funded, they are not allowed to exceed a running period of three years. This is mentioned in all AWP. In the 2007 AWP, it is further mentioned that the projects should be innovative in nature and contain information on gender aspects and how they will be taken into account.

Cooperation with international organisations

In all AWP, it is mentioned that ensuring synergy and complementarity of programme activities with the work of international organisations (e.g. WHO, OECD and the Council of Europe) is of great importance and that cooperation will be further strengthened. In the AWP for 2005, cooperation with international organisations is further specified, joint priorities are defined, and direct grant agreements are concluded to improve the synergies and responsiveness of the European Commission to international organisations where actions are jointly covered. The same is the case for the 2006 and 2007 AWP, with the addition that cooperation is to be further strengthened and to be extended to additional areas set out in the AWP.

Focus areas of evaluation linked to intervention logic

The focus areas of the evaluation, namely relevance, effectiveness, consistency and complementarity, sustainability, and support and involvement, are all linked to the above PHP intervention logic.

Relevance concerns the assessment of the extent to which the expected impacts of the different programme levels proficiently address the real needs of European public health.

Effectiveness assesses whether the achievements made actually match the expected impacts of the programme. In this context, there is a focus on which interventions - i.e. addressing specific health issues and/or specific target groups - seem to be the most effective.

Consistency and complementarity concerns the extent to which the impacts of the PHP results also support other EU programmes, national policies and activities, and international initiatives within public health.

Sustainability concerns the extent to which positive effects are likely to last after the end of the PHP funding period, see definition used in Box 4-2. This assessment concerns primarily the longer-term impacts of the PHP and thus the higher levels of the intervention logic, but issues such as the sustainability of

collaborations between different health stakeholders might also be relevant to address.

Box 4-2 Sustainability - definition used in this evaluation

Sustainability concerns the continuation of activities after the funding period has ended either through:

- Continued cooperation between project participants
- Continued dissemination of project results, e.g. on websites
- Use of project results by other players or by integration into existing structures

Monitoring, support and involvement finally looks into the operational level - i.e. the implementation and monitoring of the PHP - e.g. by assessing national barriers to stakeholder involvement or the influence of different national needs on priorities and project involvement.

European added value of the PHP

In addition - but not least - an assessment of the European added value of the PHP is made, to be able to draw conclusions on the value of EU interventions at European level. There is no clear cut definition of European added value. Our assessment is based on whether or the projects are likely to have gained value by being addressed/ implemented at European level rather than at regional/national levels, see definition in Box 4-3. An example of European added value of the PHP is the response to cross-border issues such as terror, epidemic diseases, etc. Other examples of European added value are the opportunity to compare health issues and health policies across countries, the establishment of professional networks, and knowledge dissemination across the EU to fight rare diseases and health inequalities in Europe. Such issues are in particular addressed as a part of the conclusions of the evaluation.

Box 4-3 European added value - definition used in this evaluation

"European added value refers to the European dimension of the problem and of the project. Projects funded within the EU Health Programme are expected to contribute to solving problems at the European level, and the expected impact of co-ordinating the work at European level should be greater than the sum of the impacts of national activities." (EAHC homepage)

PHP financial instruments

Finally, a central aspect of the evaluation is the understanding of the features of the different PHP financial instruments. Overall, the EU funding possibilities are divided into grants and public contracts. Grants provide funds to co-finance specific projects or objectives usually through calls for proposals. Public contracts (public procurement) are funds to buy services. This is usually done through calls for tenders (public procurement). Thus, there are various options for receiving funds from the PHP. The AWP (annual work plans) establish in

detail the annual priorities within which the Commission can distribute PHP funds. General rules for EU funding are defined by the EU Financial Regulation and its implementing rules. The specific PHP funding statute is included in the programme decision.

5 Evaluation methodology and data collection

5.1 Methodology

Combination of four types of information sources ...

The results of the evaluation are found by combining four types of information sources - acknowledging the strengths and the weaknesses of the different methods (see Table 5-1). The different sources contribute in different ways. While e.g. the e-survey has a widespread coverage of beneficiaries and other stakeholders compared with the interviews and case studies, the issues are, in turn, covered in less detail. In addition to these weaknesses, there are a number of caveats to be aware of when analysing the results of applying the evaluation methodology. These are discussed in section 5.3.

Table 5-1 *Strengths and weaknesses of information sources*

Type of source	Strengths	Weaknesses
Desk study	Information can be objectively assessed	Large variation in available material - e.g. between health issues
e-survey	Widespread coverage of PHP beneficiaries and other stakeholders - hereunder analysis of response rates i.e. commitment to participate in evaluation Analysis of different opinions on a number of fixed questions	Issues covered generally limited to closed questions
Interviews	Detailed - not necessarily recorded - information Identification of new important issues	Low representativeness of beneficiaries and other stakeholders
Case studies	In-depth analysis of selected aspects	Difficult to generalise results - e.g. to other health issues

... complemented with results from portfolio analysis

The portfolio analysis carried out by COWI provides a major input to this evaluation in terms of elucidation of the coverage of the funded activities. Furthermore, it identifies the groupings of the types of interventions, types of health issues, and types of target groups that also are addressed when evaluat-

ing the impacts, results, and outputs of the PHP. Hence, while the mapping in the portfolio analysis concentrates on the coverage of the projects in relation to the objectives and priorities of the PHP - hereunder the identification of possible gaps and overlaps, the PHP evaluation examines whether the objectives were achieved. In other words, the evaluation will attempt to assess the types of interventions that are most effective for different health issues and target groups.

Identification of stakeholders

An important part of the method is a careful selection of stakeholders to be approached for information gathering. To this end, PHP stakeholders were mapped. This included categorisation of the individual PHP stakeholders, the groups' stakes and roles in the programme, individual members of the group, and preparation of evaluation questions and study tool for each stakeholder group.

The result of the mapping exercise is presented in Table 5-2, and it includes an overall grouping of external and internal stakeholders in relation to the programme and categorisation of six and three subgroups of stakeholders in these overall groups respectively. Please consult appendix 2 for more details on each group.

Table 5-2 *PHP stakeholders*

External PHP stakeholders	
Stakeholder group 1	International organisations (WHO, OECD, Council of Europe)
Stakeholder group 2	Public Administrations (Programme Committee, representatives of national authorities)
Stakeholder group 3	Interest groups (NGOs)
Stakeholder group 4	Economic operators/ private bodies (private companies/institutions, etc.)
Stakeholder group 5	Experts (PH experts involved in the programme, researcher, PH institutions)
Stakeholder group 6	Independent experts (PH experts not participating directly in the PHP)
Internal PHP stakeholders	
Stakeholder group 7	DG SANCO + agencies
Stakeholder group 8	Other DGs + agencies
Stakeholder group 9	Other EU institutions

5.2 Data collection

The means of data collection are described in more detail in the following.

5.2.1 Desk study

Programme and project documents	The desk study is based on available programme documents, including e.g. programme decision ⁵ , the White Paper "Together for Health" ⁶ , annual work plans ⁷ , the interim evaluation ⁸ and report from the Court of Auditors ⁹ . Project documents, including project abstracts, final reports and documentation from project websites, are included in the desk study performed as a part of the case studies.
Portfolio analysis	Furthermore, the evaluation draws on the results of a portfolio analysis conducted by COWI ¹⁰ concerning the coverage of PHP objectives and priorities by activities funded.

5.2.2 E-survey

Number of invited participants	In all, 1,242 respondents were invited to participate in the e-survey. Only external stakeholders and beneficiaries received an invitation to participate in the e-survey. The recipients of the e-survey are further grouped according to their role, and the different groups received targeted questions (see Table 5-3). The initial sample of respondents of the survey thus comprises all beneficiaries of the PHP (proposals and direct grants) and the numerous stakeholders involved in the PHP (e.g. programme committee members, working parties, forums, etc.). This means, that the sample is assumed to consist of the complete population of potential respondents. The stakeholders were initially divided into three groups: beneficiaries, other stakeholders (representing the six groups mentioned in Table 5-2), and a group representing stakeholders, who were identified as both beneficiaries and other stakeholders.
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In this report, beneficiaries are defined as stakeholders, who received funding from the PHP, while the group of other stakeholders covers stakeholders, who participated in the PHP, but who did not receive funding.

⁵ Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008).

⁶ Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee of the Regions on the Health Strategy of the European Community. White Paper - Together for Health: A Strategic Approach for the EU 2008-2013.

⁷ Work plan 2003-2007

⁸ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

⁹ The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

¹⁰ COWI. Portfolio analysis and evaluation of the health project mapping 2003-2009 exercise - final report

Table 5-3 Overview of e-survey

Stakeholder group	e-survey question	Number of questions	Evaluation criteria
International organisations	7-11, 15, 22, 32-34, 38, 40	13	Effectiveness, Support/Involvement
Public administrations	7-11, 15, 22, 31, 32-34, 35, 36, 37, 38, 40	16 (17)	Effectiveness, Support/Involvement
Interest groups	7-11, 15, 22, 32-34, 38, 40	13	Effectiveness, Support/Involvement
Economic operators/private bodies	7-11, 15, 22, 32-34, 38, 40	13	Effectiveness, Support/Involvement
Experts	7-11, 15, 22, 32-34, 38, 40	13	Effectiveness, Support/Involvement
Other body involved in the PHP (e.g. university)	7-11, 15, 22, 32-34, 38, 40	13	
Beneficiaries	4-6, 12-14, 16, 17, 18-20, 23-30, 32-35, 36, 39, 39a, 41	24 (27)	Effectiveness, Support/Involvement, Sustainability

Note: The numbering of the questions corresponds with the numbering of the e-survey questions in appendix 3.

Questionnaire

Some of the statistical data for this report were collected through an online questionnaire in the period from 6 May to 7 June 2010. All tables and figures representing the results of the e-survey contain a note indicating data source. E-mail addresses of possible respondents were provided by DG SANCO, and all identified respondents received an invitation to fill in the questionnaire. Non-responders received up to two reminders. The first reminder was sent approximately 1.5 weeks after the initial invitation, and the second reminder was sent approximately one week later.

All questions to both beneficiaries and other stakeholders were collected in one questionnaire, but the respondents only answered questions relevant to their affiliation (beneficiaries or other stakeholders). The questionnaire including a schematic overview of the three respondent groups and the questions belonging to them is presented in appendix 3. The online questionnaire was dynamically programmed, meaning that respondents' answers determined the subsequent questions. The main advantage of this approach is that respondents do not have to "find their way" through the questionnaire and are only presented with relevant questions.

Number of respondents

The number of respondents in each group is shown in Table 5-4. Of the 1,242 invitations, approximately 130 e-mails¹¹ were immediately rejected because of faulty addresses, corresponding to 10.5 per cent of respondents. It is assumed that this error percentage is identical in all respondent groups, and thus 10.5 per cent of respondents in each group are assumed not to have received the e-mail. This gives the net frequency as presented in the table. These frequencies are used below to calculate net response rates. The groups 'beneficiaries' (291) and 'beneficiaries and other stakeholders' (13) are funded respondents; whereas the group 'other stakeholders' (938) are non-funded respondents.

Nine respondents received the invitation in several e-mail accounts. It seems reasonable to assume that other respondents experienced a similar problem. As the contact information of beneficiaries and other stakeholders did not contain the names of all respondents, this was inevitable. Furthermore, seven respondents (all from the group of other stakeholders) did not feel it relevant to answer the questionnaire, primarily due to lack of knowledge of the PHP.

Table 5-4 E-survey: number of respondents

	Gross frequency	Net frequency
Beneficiaries	291	260
Other stakeholders	938	840
Beneficiaries and other stakeholders	13	12
Total	1242	1112

Response rates

304 funded respondents¹² were invited to participate. Of these, 93 responded, which is a gross response rate of 30.6 per cent corresponding to a net response rate of 34.2 per cent¹³ (see Table 5-5). 951 not-funded respondents¹⁴ were invited to participate. Of these, 236 responded, which is a gross response rate of 24.8 per cent corresponding to a net response rate of 27.7 per cent¹⁵.

¹¹ Since the e-survey of tasks 1 and 2 was executed as an integrated questionnaire, a total of 1330 invitations were sent to respondents with questions concerning task 1, task 2 or both tasks. Of these 1330 invitations, 139 emails were immediately rejected, which corresponds to 10.5 per cent of the total amount of emails. It is assumed that this error percentage is identical in all respondent groups as well as respondents to tasks 1 and 2 respectively. Of the 1,242 invitations sent to respondents to task 1, an estimated 130 emails were rejected (10.5 per cent of 1,242).

¹² $291 + 13 = 304$

¹³ Net respondents presented with beneficiaries' questions are $260 + 12 = 272$.

¹⁴ $938 + 13 = 951$

¹⁵ Net respondents presented with beneficiaries' questions are $840 + 12 = 852$.

Table 5-5 *E-survey: response rates*

	Gross response rate	Net response rate
Beneficiaries	30.6%	34.2%
Other stakeholders	24.8%	27.7%

The population of the survey is unknown in the sense that the distribution of stakeholders (funded as well as non-funded) is not known. For instance, the distribution of non-funded stakeholders among the different stakeholder groups as presented in Table 5-3 (international organisation, public administration etc.) is not known for the entire population of non-funded stakeholders. This applies to all other distributions of stakeholders, e.g. home country and target group of the activity.

The unknown population is a source of uncertainty in terms of the representativeness of the collected data, since it is not possible to determine whether the collected data are representative of the complete population. Further, it is not possible to weigh the results, since weights would have to be based on the real distribution of the population. Bias because of the unknown population can occur if one of the respondent groups is overrepresented and dominates the outcome of the aggregated responses. Since it is not possible to determine the existence of such bias in the e-survey, it is assumed in the presentation of the results that the collected data set is representative.

5.2.3 Interviews

Structured interviews

The interviews were conducted as structured interviews which the aim to gain in-depth information on the evaluation questions. For this purpose, an interview guide was elaborated (see appendix 4). In all, 11 interviews were conducted with persons representing the overall programme, the agency and the three strands (see Table 5-6).

Table 5-6 Overview of interviewees

Programme	Name	Function
Overall programme	Christophe BERTRAND	Head of Unit C1 - 2006-2008 Currently DG SANCO internal auditor
	Jean-Luc SION	Head of financial Sector C1
	Meroni DONATA	Communication sector C1
	Michel PLETCHETTE	Head of Scientific Unit (EAHC) 2006-2008 - currently in the Audit Unit
	Jana HOSKOVA	CoA
Agency	Stefan SCHRECK	Head of Health Unit in EAHC since July 2008 - (Deputy Head of C3- Health threats 2003-2008)
	Ingrid KELLER	Programme Coordinator
	Georgios MARGETIDIS	Project Officer
Information strand	Nick FAHY	Head of Unit.C2
Threats strand	John F. RYAN	Head of Unit.C3
Determinants strand	Michael HUEBEL	Head of Unit.C4

5.2.4 Case studies

Scoring of evaluation focus areas

Case studies provide the opportunity for investigating more thoroughly a specific theme, question or dilemma. Thereby, the case studies provide valuable insights and information that contribute substantially to the evaluation. However, at the same we acknowledge that it is not straightforward to assess how the single case studies fulfil the criteria of relevance, effectiveness, consistency and complementarity, support and involvement, and sustainability, - and that it in particular is difficult to compare such fulfilment in between the case studies.

In order to facilitate these assessments and comparisons we have developed a scoring system where each of the criteria for each of the case studies is scored on a scale from 1 to 4 - i.e. from low to high. The use of an even number of scores is adopted to force ourselves to assess whether or not the fulfilment is above or below average. Table 5-7 below shows the narrative descriptions of what the scores mean for each of the evaluation criteria.

Table 5-7 Scoring system for evaluating case studies

Relevance	
4	Project addresses the real needs of European public health and the topic is high on the present political agenda or cross-country cooperation on the project topic is perceived to entail significant European added value
3	Project addresses the real needs of European public health and the topic has some policy attention
2	Project addresses the needs of European public health, but the topic is low on the present political agenda
1	Project addresses the real needs of European public health to a limited degree only
Effectiveness	
4	Project objectives have been achieved and there is evidence that the interventions have improved the addressed health issue
3	Project objectives have been achieved and interventions are perceived to have improved the addressed health issue
2	Project objectives have been achieved but the effect on the addressed health issue is unclear
1	Project objectives have not been achieved
Consistency and complementarity	
4	Project results fully support other EU programmes, national policies, and international initiatives within public health
3	Project focus is in line with the priorities in other EU programmes, national policies, and international initiatives within public health
2	Project focus or results are only to a limited degree in line with EU programmes, national policies, and international initiatives within public health
1	Project focus or results are not in line with EU programmes, national policies, and international initiatives within public health
Support and involvement	
4	Project organisation involves the right participants from EU Member States and international organisations if relevant
3	Project organisation has satisfactory representation of central participants from some EU Member States and international organisations if relevant
2	Project organisation lacks to some degree representation of central participants from some EU Member States and possibly international organisations
1	Project organisation lacks to a high degree representation of central participants from some EU Member States and possibly international organisations
Sustainability	
4	Project activities/results are sustained after the end of EC co-funding, e.g. by policy implementation, follow-up projects and by making results available on website or similar activities
3	Project activities/results are to some extent sustained after the end of EC co-funding by follow-up projects and by making results available on website or similar activities
2	Project activities/results are to a limited extent sustained after the end of EC co-funding by making results available on website or similar or similar activities

1

Project activities/results ended with the EC co-funding or shortly hereafter

The scores for each of the evaluation criteria are presented in the following chapters, accompanied with brief rationales for the scores given to the different case studies. These scores across the different evaluation criteria are then analysed in Chapter 12 as part of the evaluation conclusions and recommendations.

Six case study areas The evaluation comprises six case studies; two for each PHP strand (Table 5-8). The case study areas were selected by DG SANCO.

The case studies include a general assessment of the whole case study area and an in-depth study of a selection of PHP funded projects/activities made by independent PHP experts. The selection is based on elements such as size and aim of the project as well as geographical scope and participation of the projects. The approach to the case studies was an in-depth desk study and interviews on specific projects funded by the PHP. According to relevance, interviews were conducted with persons such as project coordinators, public administrations, experts in the field, and at least one independent expert in the field of the given case study area. The interviews were performed as face-to-face interviews, focus group interviews, and/or phone interviews. The document screening included project documents and other relevant documents in the field of the case study area related to the EU, national and international levels.

Below is a description of the case study areas and the projects selected for the case studies. The selected projects have been approved by DG SANCO.

Table 5-8 Case study areas per strand and selected projects/activities

PHP Strand	Case study area	Selected projects/activities
Health information	Comparable European information	Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement
		Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports
	Creation & support of knowledge management networks	European Surveillance of Congenital Anomalies (Phase 3)
		Rare Diseases Portal
Health threats	Organs	European Living donation and public Health
		JACIE - Joint Accreditation Committee ISCT EBMT
	Chemical threats	The Public Health Response to Chemical Incident Emergencies
		Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH
Health determinants	HIV/AIDS	European Centre AIDS & Mobility A&M
		European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes
	Addictions - drugs	European Network on Drugs and Infections Prevention in Prison
		Democracy, Cities & Drugs II

Health information

The case study areas chosen under the health information strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

Case study area 1:
Comparable European information

The following two projects were selected for in-depth study in the case study area "Comparable European Information":

- "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121). The project aimed at closing the gap in premature, preventable morbidity, disability and mortality between the "old" and the "new" Member States as well as applicant countries by creating a baseline for monitoring evolution of preventable, premature mortality risk factors following enlargement. Special regard was given to improving the health of working population and diminishing inequalities in access to health. The project was the only project submitted (in 2003) by an applicant country. The project was completed in 2008, following an extension from 36 to 41 months, and is therefore suitable to provide

evidence on the issue of sustainability. The EC contribution was EUR 584,580.

- "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114). The project objective was to produce and disseminate a European Perinatal Health Report based on data collected in 2006 in all EU countries, which includes policy-relevant analyses of maternal and child health outcomes, care provision, inequalities and migrant health. The project aimed also to develop an Action Plan for Sustainable Perinatal Health Reporting with recommendations about the mission, structure, operation and partners of an information network. The project is an example of a relatively short (duration of 18 months) and focused project building on past investment in health information (EUROPERISTAT). The EC contribution was EUR 149,987.

Case study area 2: Creation and support of knowledge management networks

Case study area 2:
Creation and support
of knowledge man-
agement networks

The following two projects were selected for in-depth study in the case study area "Creation and support of knowledge management networks":

- "*European surveillance of congenital anomalies (phase 3)*" (2003219). The project objective is to provide epidemiologic information on congenital anomalies in Europe. Furthermore, the project aimed to co-ordinate the establishment of new registries throughout Europe collecting comparable, standardised data; to co-ordinate the detection and response to clusters and early warning of teratogenic exposures; to evaluate the effectiveness of primary prevention, in particular folic acid supplementation; to assess the impact of developments in prenatal screening; and to provide an information and resource centre and ready collaborative research network to address the causes and prevention of congenital anomalies and the treatment, care and outcome of affected. The project provides a good example of a very large set of associated partners and thus insights into the establishment of cross-country partnerships. The high institutional profile of the partners involved also provides an opportunity to explore the role of a European project vis-à-vis national and regional authorities. Furthermore, despite being the third project in a series, it promised to be innovative and develop new knowledge. The EC contribution was EUR 812,074.
- "*Rare diseases portal*" (2006119). This project is not particularly innovative in terms of contents, but it promised to exploit the potential of ICTs (Information and Communications Technology) to make the information on Orphanet available to a broader public. It is also interesting as it dovetails with other priorities highlighted by DG SANCO, such as harnessing the potential of e-health to provide peer-reviewed information and establishing databases of European reference centres, especially in high-cost areas such as the treatment of rare diseases. The EC contribution was EUR 960,000.

Health threats

The case study areas chosen under the health threat strand are "Organs" and "Chemical threats".

Case study area 3: Organs

Case study area 3:
Organs

The following two projects were selected for in-depth study in the case study area "Organs":

- "*European living donation and public health*" (2006211). This project aimed to reach consensus on European common legal and ethical standards regarding protection and registration practices related to living organ donors in order to guarantee the health and safety of these donors. This is an important but also a controversial field and may set an example for other consensus efforts at the European level. The EC contribution was EUR 524,893.
- "*JACIE - Joint Accreditation Committee ISCT EBMT*" (2003208). The aims of the project were to provide vital impetus to the JACIE¹⁶ Programme and ensure its integral role in standard setting, inspection and accreditation for health institutions and facilities involved in haematopoietic stem cell collection, processing and transplantation in Europe. The project contributed to a special, but transferable field of European added-value by showing how to reach European standards by means of a centralized administration, an online IT system, and training courses. It explicitly aimed at long-term results of accreditation and standards. Furthermore, it aimed to include eight new applicant countries and four more Member States. The EC contribution was relatively small with EUR 167,526, raising interesting questions about effectiveness.

Case study area 4: Chemical threats

Case study area 4:
Chemical threats

The following two projects were selected for in-depth study in the case study area "Chemical threats":

- "*The public health response to chemical incident emergencies (CIE Toolkit)*" (2007205). The aim of this project was to facilitate the rapid and effective response to acute chemical incidents by providing a source of relevant material. The project is a specific predecessor project in the same field and is focused on a clearly defined outcome; a toolkit and a manual for training on chemical incident emergencies, thus providing a good opportu-

¹⁶ JACIE is a non-profit body established in 1998 for the purposes of assessment and accreditation in the field of haematopoietic stem cell (HSC) transplantation. JACIE's primary aim is to promote high quality patient care and laboratory performance in haematopoietic stem cell collection, processing and transplantation centres through an internationally recognised system of accreditation.

nity to analyse the preconditions of cross-country dissemination of PHP results. The EC contribution was EUR 697,431.

- "*Mass-casualties and Health care following the release of toxic chemicals or radioactive materials (MASH)*" (2007209). This project had a wider focus, including emergencies with radioactive material. Thus, the objective of MASH was to improve competence and capability to deal with patients exposed to toxic chemicals or to radioactive materials. The project zooms in on the primary care process, and organisational measures are related to direct healthcare provision. The EC contribution was EUR 799,967.

Health determinants

The case study areas chosen under the health determinant strand are "HIV/AIDS" and "Addiction - drugs".

Case study area 5: HIV/AIDS

Case study area 5:
HIV/AIDS

The following two projects were selected for in-depth study in the case study area "HIV/AIDS":

- "*European centre AIDS and mobility (A&M)*" (2003303). The general aim of the project was to develop and exchange solutions to handle specific issues relating to the vulnerability of mobile and migrant populations with a specific focus on young people to HIV/AIDS. The project had 25 partner countries and a wide composition of the different target groups (experts and stakeholders from GOs and NGOs, mobile (young) migrants). The project lifetime ended in 2006. These characteristics of the project provide the opportunity to study the European added value to the lead partner country and the partner countries, the involvement of the different target groups and the sustainability of the project outcomes. The EU Contribution of the PHP was EUR 1,559,334.
- "*European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)*" (2004320). The overall purpose of this project was to further develop the models of good practice and tools to support the planning and implementation of coordinated and comprehensive health promotion and social care services for migrant sex workers and trafficked women in all EU countries, through an ongoing pan-European cooperation and through expanding the network up to 24 partner countries by including the new EU member countries. The end of the project lifetime was in 2006. Thus, it possible to study the added value of the project to the lead partner and the partner countries and to evaluate the sustainability of the outcomes. The EC contribution was EUR 595,776.

Case study area 6: Addiction - drugs

Case study area 6:
Addiction - drugs

The following two projects were selected for in-depth study in the case study area "Addiction - drugs":

- "*European network on drugs and infections prevention in prison*" (2003308). The objectives of the project were to collect, compare and widely distribute data and information on infectious diseases, drug use and its consequences and related prevention activities in prisons in the EU Member States; to develop with all involved partners common and effective epidemiological and sociological research tools, in order to monitor the epidemiology of drug related health threats and evaluate prevention approaches; to promote exchange of experience and information in the above area in the Member States; to promote and sustain the implementation of effective harm reduction and abstinence oriented programmes (in the context of current national legislation); and to formulate recommendations for primary and secondary prevention of infectious diseases and other drug related health and social problems. The project involved the development and maintenance of a European-wide network (24 Member States), combining the activities of three existing networks by demonstrating the European reality in the everyday life in the field of prevention of infectious diseases and drug use in prisons. The project lifetime ended in 2007. These characteristics of the project provide the opportunity to make an in-depth evaluation of the European added value to the lead partner country and partner countries and of the sustainability of the project outcomes. The EC contribution was EUR 1,895,223.
- "*Democracy, cities and drugs II*" (2007306). The aim of the project was to help support EU cities develop local, partnership based drug policies involving the relevant stakeholders – local authorities, health services criminal justice services, communities, including visible minority ones, and drug service users. The project was based on three pillars: a) EU wide experimental network of more than 20 partner cities or regions, b) four national networks of EU Member States involving 24 cities, and c) five thematic working groups. The project was a follow up project of "Democracy, Cities & Drugs I" (2005– 2007). The characteristics of the project provide an opportunity to make an in-depth evaluation of the European added value to the lead partner country, the partner countries and cities and the sustainability of the project outcomes, including reflections on the sustainability of the outcomes of project "Democracy, Cities & Drugs I". The EC contribution was EUR 900,000.

Interview with co-ordinators, experts and some national Focal Points

In relation to each case study, the co-ordinator of each project as well as experts in the field was interviewed (see Table 5-9). Furthermore, the National Focal Points from each of the host countries were contacted (see Table 5-).

Table 5-9 Interviewees in relation to case studies

PHP Strand	Case study Area	Selected activities	Interviewees	
Health information	Comparable European information	"Closing the gap - reducing premature mortality. Baseline for monitoring health evaluation following enlargement"	Project Country Coordinator, Tit Albreht , Slovenia. Head of Laboratory of General Epidemiology, Carlo La Vecchia . Project Co-ordinator, Marta Manzuk , Poland. Project Leader, Witold Zatonski , Poland.	
		"Better statistics for better health for pregnant woman and their babies: European health report"	EURO-PERISTAT Project Leader and original Project Leader, Gerard Breart , France. Marina Cuttini , Epidemiology Uni. Independent expert, Viviana Mangiaterra , WHO. Report Coordinator, Ashna Mohangoo , The Netherlands. EURO-PERISTAT Scientific Coordinator, Jennifer Zeitlin , France. EURO-PERISTAT Project Coordinator, Meagan Zimbeck , France.	
	Creation & support of knowledge management networks	"European Surveillance of Congenital Anomalies (Phase 3)"	Full Member Registry Leader and Co-Chair of the Coding & Classification Committee, Ingeborg Barisic , Zagreb. Expert Member for Drugs Surveillance Working Group, Maurizio Clementi , Italy. EUROCAT Project Leader, Helen Dolk , UK. Independent expert, Pierpaolo Mastroiacovo , Director of WHO World Craniofacial Anomalies Registry, Italy. Applicant Member Registry Leader, Ivan Zatsepin , Belarus.	
		"Rare disease portal"	Director of Research, Ségolène Ayme , France. Jean-Jacques Cassiman (member of research team "Human Mutations and Polymorphisms Section"), Belgium. Scientific Director, Bruno Dallapiccola , Italy. Independent expert, Petra Wilson , Senior Director of the European Healthcare Team.	
	Health threats	Organs	"European Living Donation and public health"	Project coordinator, Dr. Assumpta Ricart , Barcelona Independent expert Prof. Dr. h.c. Eckhard Nagel , Germany
			"JACIE"	JACIE Accreditation Office, Eoin Mc Grath , Spain
Chemical threats		"The public health response to chemical incident emergencies"	Project manager, Dr. Mark Griffiths , UK.	
		"MASs-casualties and health-care following the release of toxic chemicals or radioactive materials"	Project co-ordinator Dr. Åke Sellström , Sweden.	

Health Determinants	HIV/AIDS	"European Centre AIDS & Mobility"	AIDS & Mobility (2004-2006) Overall Co-ordinator Georg Bröring , The Netherlands AIDS & Mobility (2008-2011) Programme Director Matthias Wienold , Germany Independent Expert, Professor Dr. Isabel Loureiro , Portugal Independent Expert, Professor José Rodriguez Gomez , Portugal
		"European network for transnational AIDS/STI prevention among migrant prostitutes"	TAMPEP VII Project Coordinator, Dr. Licia Brussa , the Netherlands TAMPEP VII Senior Project Expert, Veronica Munk , Germany Independent Expert, Professor Dr. Isabel Loureiro , Portugal Independent Expert, Professor José Rodriguez Gomez , Portugal
	Addictions - drugs	"European network on drugs and infections prevention in prison"	Managing Director Dr. Lothar Klaes , Germany ENDIPP Project Coordinator Dr. Caren Weilandt , Germany Independent Expert, Professor Dr. Peter Paulus , Germany
		"Democracy, cities & drugs II"	DC & D II Project Manager Elizabeth Johnston , France DC & D II Project Coordinator Roxana Calfa , France DC & D II Senior Project Expert (Drugs), Joana Judice , France Independent Expert, Professor Dr. Peter Paulus , Germany

Table 5-10 NFPs contacted in relation to case studies

Country	NFP contacted	Case study	Appointment to NFP
Poland	Mrs Krystina Drogon	"Closing the gap - reducing premature mortality. Baseline for monitoring health evaluation following enlargement"	Since 2003
	Ms Monika Skiba		Contact was not established
Sweden	Ms Ann-Cristine Jons-son	"MASs-casualties and health-care following the release of toxic chemicals or radioactive materials"	January 2010
Germany	Ms Roswitha Voigt	"European network on drugs and infections prevention in prison"	Since 2006
The Netherlands	Ms Foske Smith	"JACIE"	Since 2008 (1.5 years)
		"European Centre AIDS & Mobility"	
		"European network for transnational AIDS/STI prevention among migrant prostitutes"	
Spain	Mr Carlos Segovia	"European Living Donation and public health"	Since 2006 (4 years)
France	Mr Alexandre de la Volpiliere	"Better statistics for better health for pregnant woman and their babies: European health report"	Contact was not established
		"Rare disease portal"	
		"Democracy, cities & drugs II"	
UK	Ms Sue Maisey	"European surveillance of congenital anomalies"	She promised to answer by email, but did not answer
		"The public health response to chemical incident emergencies"	

5.3 Caveats

As described in the introduction, the purpose of the evaluation is to assess whether the objectives of the programme have been achieved. Doing so includes identification and analysis of results and impacts of the different programme interventions. It is, however, not straightforward to assess whether intended results and impacts have been achieved and further whether they would have happened anyway - i.e. without PHP interventions. There are thus a number of caveats to be aware of when analysing the results of applying the evaluation methodology.

Unclear formulations of intended results and impacts

As discussed in detail in Chapter 7 on the evaluation of the effectiveness of the PHP in contributing to European public health, the PHP suffers from a lack of an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators. A consequence of intended results and impacts not being clearly set out is that it is difficult to assess whether they have been achieved.

An evaluator that strictly follows evaluation procedures would argue that it is not feasible to assess the success of achieving intended results and impacts if targets for these are not well specified. However, a programme without well-specified targets in the programme documents is not the same as saying that the programme does not have objectives and a plan for reaching these objectives. Hence, in practice - as done in the present evaluation - the evaluator tries to establish the intervention logic for the programme, and while doing so, he tries to describe how to measure objective achievement. The caveat is thus that the use of the assessment of objective achievement is associated with the additional uncertainty of target specification.

Contribution of PHP interventions

Even without well-specified targets, an evaluation will analyse results and impacts envisaged to have been caused by the PHP interventions. This is, however, also not straightforward - for at least two reasons.

Firstly, changes to, for example, health policies and ultimately improvements to the health of groups of European citizens are typically the result of complex interactions. Hence, it is difficult to establish a precise causal link between a PHP intervention and its effect on a given measured health outcome. In other words, since it is difficult to attribute the change in a given health outcome to a specific PHP intervention, the evaluation merely assesses whether the intervention has contributed to a change in the health outcome.

Secondly, the counterfactual situation of what would have happened to the relevant health output, result, or impact indicators anyway - i.e. without the PHP intervention - is unobservable, and furthermore it is in the given context considered difficult to estimate. Hence, even with good measurements of out-

puts, results, or impacts - there are no clear-cut measurements of the effects of the intervention.

Many results and impacts appear in the medium to long term

Furthermore, the fact that health improvements take time means that many of the results and impacts of the PHP interventions will not have materialised at the time of the evaluation - but may do so in the medium to longer term. Hence, a caveat is that the evaluation to some extent is limited to assessing the actual project deliverables. This said, the evaluation methodology looks beyond the PHP funding period, for example, by asking programme and project participants to speculate about potential future results and impacts. Another caveat is here that such speculations, in particular by project participants, are likely to be too optimistic - a caveat that in practice is relevant for all evaluation methodologies where assessments are based on subjective opinions.

6 European public health needs - relevance and European added value of the PHP

6.1 Background and focus

Evaluation questions

The issue of relevance and European added value of the Public Health Programme (PHP) has been addressed by the following evaluation questions:

Evaluation questions

Q1: To what degree (both qualitative and quantitative) do actions financed under the PHP address the perceived and real needs of stakeholders?

Q2: To what extent do the actions financed under the PHP correspond to the programme's specific objectives taking into account the overall programme objectives and the annual priorities?

Q3. What is the added value of actions financed under the PHP in comparison to those funded by other EU programmes or Member States, taking account the available financial resources of the PHP?

Overall, relevance is referred to as the connection and relationship between the objectives of the PHP, on the one hand, and the need for EU intervention in the area of European public health, on the other hand.

6.2 Summary - relevance

Q1: To what degree (both qualitative and quantitative) do actions financed under the PHP address the perceived and real needs of stakeholders?

The lack of an explicit intervention logic of the PHP - as pointed out by the Court of Auditors (CoA) in 2008 - makes it difficult to assess the coherence between the EU health strategy, PHP objectives, annual priority areas (perceived needs) and the funded PHP activities.

However, the interim evaluation of the PHP in 2006 concluded that those working closely with the PHP - at this interim stage - shared a perception that projects funded were relevant to the aims of the PHP and that these aims helped meet the needs of European citizens. At the same time, the interim evaluation pointed out that the priority areas in the annual work plans (AWPs) might not reflect precisely the needs of stakeholders or the needs of EU citizens. Furthermore, it was accentuated that the funding modalities might make it hard for the

PHP to meet its more innovative or pro-active needs to provide it with a more balanced portfolio.

The evidence collected through interviews with internal stakeholders shows that there are conflicting views on the extent to which the priority areas cover the real needs of European public health. Most stakeholders found that the priorities only partially cover the needs. It was pointed out that the annual priority areas are decided as part of a process which takes into account the views of a wide range of stakeholders. The role of the policy officers, their priorities and contacts to the public health community was accentuated by some stakeholders. Furthermore, some stakeholders expressed the view that there are too many priority areas in the AWP, and other stakeholders emphasised the need to consult the research community on a regular basis to identify the real needs.

All project selected for in-depth study are perceived to be relevant to the overall PHP objectives by the independent public health experts conducting the case studies.

Q2: To what extent do the actions financed under the PHP correspond to the programme's specific objectives taking into account the overall programme objectives and annual priorities?

The lack of an explicit intervention logic makes it difficult to assess the level of correlation between the overall programme objectives and financed project activities.

However, a portfolio analysis conducted by COWI shows a good coverage of PHP objectives and work plan priorities. All types of interventions, health issues and target groups were covered by projects. Only a few possible gaps in the coverage of priorities were identified - most evident in the following areas: ageing and health, health in applicant countries and genetic determinants of health. The gaps regarding ageing and applicant countries seem to be covered by projects assigned to other priority areas.

Evidence provided by interviews with internal stakeholders suggests that gaps might be due to gaps in the public health/research community or due to other and better funding opportunities offered to potential applicants, e.g. through the framework programmes for research and development. Increased use of calls for tenders in areas where there is lack of proposals was mentioned as an option. Furthermore, it was mentioned by the stakeholders that some priority areas have a broader focus than other areas and that the number of activities funded depends to a certain degree on the policy officer.

The case studies illustrate that different types of organisations participate in projects funded under the different strands to a varying degree. The majority of NGOs participating in the PHP take part in projects in the health determinant strand. Higher education and research institutions primarily participate in projects in the health information strand but are engaged in projects in other strands to a wider extent than NGOs. None of the types of organisations chosen has its primary activity in the health threats strand - the percentage is highest

for organisations in the public sector, including administration and hospitals/clinics.

Q3: What is the added value of actions financed under the PHP in comparison to those funded by other EU programmes or Member States, taking account the available financial resources of the PHP?

The Court of Auditors (CoA) have accentuated networks as most likely to exhibit European added value through sharing of expertise, consensus-building and exchange of 'good practices' across countries. The European added value of the other types of projects was perceived as less obvious by the CoA.

Evidence provided by interviews with internal stakeholders also points in the direction that inadequate attention is given to ensuring European added value of the activities funded.

According to the independent public health experts conducting the case studies, the projects selected for in-depth study do provide European added value. In this way, the projects selected may be regarded as success stories.

6.3 Evaluation results

In the following, the data collected through review of documents, the portfolio analysis, interviews with internal stakeholders and the case studies are presented.

6.3.1 Review of documents

Intervention logic of the PHP

The intervention logic defines the hypothetical cause and effect linkages that describe how an intervention is expected to attain its global objectives.

An explicit intervention logic is central to ensuring coherence between the EU health strategy¹⁷, PHP objectives, annual priority areas (perceived needs) and the funded PHP activities.

Court of Auditors: Lack of an explicit intervention logic

In 2008, the Court of Auditors (CoA) made an audit of the PHP with a focus on projects funded under the health determinants strand of action (i.e. health promotion through addressing health determinants)¹⁸. The CoA concluded that the programme lacked strategic focus, partly due to very broad and ambitious objectives that contrasted with the disposable limited means, and partly due to the lack of an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators.

¹⁷ Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee of the Regions on the Health Strategy of the European Community. White Paper - Together for Health: A Strategic Approach for the EU 2008-2013.

¹⁸ The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

Networks most likely to produce European added value

The CoA accentuated networks as most likely to exhibit European added value through sharing of expertise, consensus building and exchange of 'good practices' across countries. The European added value of the other types of projects was perceived as less obvious. According to the CoA, the European added value of study and research projects mainly is brought about by data collected from several countries, which were subject to a comparative analysis. The European added value of development projects was perceived to be their link to the development of EU policy, while the European added value of implementation and 'going-to-scale' projects was perceived as least apparent.

The interim evaluation: Projects are perceived to be relevant to the aims of the PHP

An interim evaluation of the PHP was undertaken in 2006 focusing mainly on projects co-funded in the period 2003-2005¹⁹. According to the interim evaluation, those working closely with the PHP - at this interim stage - shared a perception that projects funded were relevant to the aims of the PHP and that these aims helped meet the needs of European citizens. All of the intended areas for action were funded, and the projects funded were perceived as relevant to the aims of the PHP.

However, the priorities may not reflect precisely the needs

At the same time, the interim evaluation pointed out that the priority areas in the annual work plans (AWPs) reflected a complicated set of influences that produced de facto priorities which might be entirely justified but which might not reflect precisely the needs of stakeholders or the needs of EU citizens.

Furthermore, it was accentuated in the interim evaluation that the funding modalities might make it hard for the PHP to meet its more innovative or proactive needs to provide it with a more balanced portfolio.

6.3.2 Portfolio analysis

To evaluate the coverage of PHP objectives by projects, one possibility is to count the number of projects in each priority area as the PHP objectives are translated into priority areas in the annual work plans (AWPs). However, the count of projects by priority area is useful only if there is a good match between the work plan priority and the content of the project. A previous EAHC analysis indicated that it might indeed be difficult to find a good match between the contents of the projects and the work plan priorities assigned to them²⁰. One of the reasons is that it is difficult to limit the content of a project to a single priority area. Other reasons could be to increase the chances of being selected for funding or lack of clarity of the priorities.

¹⁹ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

²⁰ Dargent, Guy; Teixeira, Carla. Completeness of the PHP coverage by the projects selected through the yearly calls for proposals (2003-2007).

The portfolio analysis: Good coverage of PHP objectives and priorities

The portfolio analysis undertaken by COWI²¹ evaluates the coverage of PHP objectives by mapping projects funded under the PHP according to both priority area and the occurrence of selected keywords in the project abstracts. The analysis shows a good coverage of PHP objectives and work plan priorities.

Mapping according to priority area

Mapping according to priority area

The mapping according to priority area is based on information from the EAHC and DG SANCO on number of and EC contribution to projects, direct grant agreements and service contracts (calls for tender) funded in the period 2003-2007 under the PHP.

Table 6-1 provides an overview of number of projects, direct grant agreements and service contracts (calls for tender) funded by the PHP in the period 2003-2007 by strand and priority area.

Table 6-1 Number of projects, direct grant agreements and service contracts (calls for tender) 2003-2007 by strand and priority area

Strand and priority area	Projects	Direct grant agreements	Service contracts	Total
Health determinants total	144	10	7	161
Alcohol	10	1		11
Capacity building (HD)	5			5
Disease and injuries prevention	15	3		18
Drugs	16		2	18
Environment	8	2	2	12
Health promotion in particular settings and workplaces	5			5
Mental health	10	1		11
Nutrition and physical activity	18	1	1	20
Sexual and reproductive health, HIV/AIDS	16			16
Social determinants	20	2		22
Tobacco	18		2	20
Training in public health	3			3
Health information total	117	3	11	131
Actions to improve health information and knowledge for the development of public health	1			1
Cooperation between Member States	1			1
Developing and coordinating health information and knowledge system	12	1	10	23
Developing mechanisms for reporting and analysis of health issues and producing public health reports	27	1		28

²¹ COWI. Portfolio analysis and evaluation of the health project mapping 2003-2009 exercise - final report

Strand and priority area	Projects	Direct grant agreements	Service contracts	Total
Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats, including gender-specific health threats and rare diseases	30			30
e-Health	6		1	7
Health impact assessment				5
Improving access to and the transfer of data at EU level	12			12
Information on the environment and health	1	1		2
Operating the health information and knowledge system	9			9
Supporting the exchange of information and experiences on good practices	13			13
Health threats total	64	3	4	71
Anti-microbial resistance	6			6
Capacity building (HT)	5			5
Capacity to deal with an influenza pandemic and tackle particular health threats	5			5
Early warning and response	1			1
Exchange information on vaccination and immunisation strategies	4			4
Health security and preparedness	15	3	3	21
Networking of laboratories	4			4
Rare diseases	1			1
Safety of blood, tissues and cells, organs	11		1	12
Surveillance	12			12
All strands total	325	16	22	363

325 projects

In total, 325 projects were funded. Of these, 144 projects belonged to the health determinants strand covering priority areas such as social determinants, nutrition and physical activity and tobacco. Of the remaining projects, 117 and 64 projects belonged to the health information strand and health threats strand respectively.

16 direct grant agreements

Furthermore, 16 direct grant agreements were funded. As for the projects, most of them - namely 10 - belonged to the health determinants strand. The remaining six were equally distributed between the health information strand and the health threats strand.

22 service contracts

Finally, 22 service contracts (calls for tender) were funded. Half of them belonged to the health information strand. Of the remaining contracts, seven and four belonged to the health determinants strand and the health threats strand respectively.

EC contribution of EUR 228.2 million 2003-2007

The total EC contribution to projects, direct grant agreements and service contracts funded by the PHP in the period 2003-2007 was about EUR 228.2 million, see Table 6-2. The calculation is not entirely complete as information on funding of two service contracts has not been available. However, it is assumed to be of only minor significance for the result as the average EC contribution to service contracts does not exceed EUR 150,000.

Table 6-2 *EC contribution to projects, direct grant agreements and service contracts (calls for tender) 2003-2007 by strand and priority area*

Strand and priority area	Projects	Direct grant agreements	Service contracts	Total
Health determinants total	85.9	4.6	2.7	93.2
Alcohol	4.8	0.4		5.2
Capacity building (HD)	2.4			2.4
Disease and injuries prevention	11.5	1.0		12.5
Drugs	9.9		0.5	10.4
Environment	3.5	1.2	0.5	5.1
Health promotion in particular settings and workplaces	2.4			2.4
Mental health	7.0	0.5		7.5
Nutrition and physical activity	11.6	0.8	0.5	12.9
Sexual and reproductive health, HIV/AIDS	9.9			9.9
Social determinants	11.2	0.9		12.1
Tobacco	10.3		1.1	11.4
Training in public health	1.4			1.4
Health information total	71.8	1.6	3.4	76.7
Actions to improve health information and knowledge for the development of public health	0.6			0.6
Cooperation between Member States	0.4			0.4
Developing and coordinating health information and knowledge system	6.8	0.8	3.4	10.9
Developing mechanisms for reporting and analysis of health issues and producing public health reports	16.9	0.4		17.3
Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats, including gender-specific health threats and rare diseases	16.5			16.5
e-Health	2.9			2.9
Health impact assessment	3.2			3.2
Improving access to and the transfer of data at EU level	8.5			8.5
Information on the environment and health	0.8	0.4		1.2
Operating the health information and knowledge system	6.9			6.9
Supporting the exchange of information and experiences on good practices	8.3			8.3
Health threats total	55.6	1.0	1.7	58.3

Strand and priority area	Projects	Direct grant agreements	Service contracts	Total
Anti-microbial resistance	5.0			5.0
Capacity building (HT)	7.5			7.5
Capacity to deal with an influenza pandemic and tackle particular health threats	3.8			3.8
Early warning and response	1.2			1.2
Exchange information on vaccination and immunisation strategies	6.2			6.2
Health security and preparedness	10.7	1.0	1.4	13.2
Networking of laboratories	2.5			2.5
Rare diseases	0.8			0.8
Safety of blood, tissues and cells, organs	6.8		0.2	7.0
Surveillance	11.1			11.1
All strands total	213.2	7.2	7.7	228.2

Note: Grey areas indicate that the calculation is not complete as information on funding of two service contracts was not been available.

Only few possible gaps in the coverage of priorities were identified in the portfolio analysis - most evident in the following areas:

- Ageing and health
- Health in applicant countries
- Genetic determinants of health.

The gaps regarding ageing and applicant countries may well be covered by projects assigned to other priority areas, see below.

Mapping according to keywords

Mapping according to keywords

The mapping according to keywords reflects the occurrence of selected keywords in the project abstracts. The keywords were selected to cover main objectives of the programme decision/annual work plans (AWPs). They are divided into three groups: intervention type, health issue and target group. To each type of intervention, health issue and target group, one or more keywords were assigned, and an automatic search for the keywords in the project abstracts was conducted. Projects are assumed to cover the type of intervention, health issue and target group in question to which the keyword has been assigned if the keyword occurs in the project abstract. Projects may cover several intervention types, health issues and target groups, as different keywords may occur in the same project abstract.

Types of interventions

Table 6-3 presents the coverage of different types of interventions by projects funded under the PHP in the period 2003-2007.

Table 6-3 *PHP projects covering different types of intervention*

Type of intervention		Number of projects covering the area
Many (>50)	Network	182
	Health promotion and prevention	171
	Analysis	
	Capacity building and education/training	126
	Best practice	124
	Preparedness	78
Few (<10)	e-health	8

Projects involving networks, health promotion and prevention and analysis were most prevalent. Capacity building and education/training, best practice and preparedness are other types of interventions that were covered by many projects. Only e-health was covered by less than 10 projects.

Health issues

The projects funded under the PHP also covered a broad spectrum of different health issues, see Table 6-4.

Table 6-4 *PHP projects covering different health issues*

Health issue		Number of projects covering the area
Many (>50)	Environment	54
Medium (10-50)	Health inequality	44
	Drugs	41
	Mental health	36
	Communicable diseases	34
	Nutrition	32
	Tobacco	32
	Major and chronic diseases	30
	Alcohol	28
	HIV/AIDS	28
	Injuries	26
	Blood, tissues, cells	24
	Physical activity	22
	Rare diseases	22
	Overweight	20
	Sexual and reproductive health	17
	Vaccination	12
Few (<10)	Antibiotics	9
	Genetic determinants	6

Projects in the field of environment were most prevalent, including exposure to chemicals, climate change, indoor air quality and pollution. Other health issues such as health inequality, drugs, mental health, communicable diseases, nutri-

tion, tobacco etc. were also covered by a fair amount of projects. Only the health issues 'antibiotics' and 'genetic determinants' were covered by less than 10 projects.

Target groups

Furthermore, the projects funded under the PHP also covered different target groups, see Table 6-5.

Table 6-5 *PHP projects covering different target groups*

Target group		Number of projects covering the area
Many (>50)	Children and young people	76
Medium (10-50)	Applicant/candidate countries	41
	Vulnerable groups	39
	Employees	28
	Laboratories	24
	Gender	15
	Older people	15
	Third countries	13
Few (<10)	Intersectoral	4

Projects targeted at children and young people were most prevalent. Moreover, a fair amount of projects was targeted at e.g. applicant/candidate countries and older people. Only in the category 'intersectoral' - i.e. projects including sectors outside the healthcare sector - less than 10 projects were identified.

Overall, the analysis shows good coverage of PHP objectives as all types of interventions, health issues and target groups were covered by projects. Only a small number of areas with relatively few projects were identified, namely e-health, antibiotics, genetic determinants, and projects involving sectors outside the healthcare sector. Genetic determinants were also identified as a possible gap in the analysis based on mapping according to priority area, see above. This analysis indicates that the possible gaps regarding ageing and applicant countries identified above were covered by projects assigned to other priority areas.

6.3.3 Interviews with internal stakeholders

During interviews, we asked stakeholders whether the annual priority areas cover the real needs of European public health, what in their opinion was the rationale for the chosen annual priorities and invited their views on the number of activities funded according to priority areas and the underlying cause of gaps identified. If relevant, the interviewed stakeholders were also asked to give suggestions for promoting funding in these areas in the future.

Conflicting views on the extent to which the annual priority areas cover the real needs of European public health.

Do the annual priority areas cover the real needs of European public health?

Evidence provided by interviews shows that there are conflicting views on the extent to which the annual priority areas cover the real needs of European public health.

Most of the interviewed stakeholders found that the annual priority areas only partially cover the real needs of European public health. One stakeholder pointed out that the priorities are a result of a process and that there are some gaps. Therefore, an analysis of real needs should be undertaken regularly (gaps analysis). The political needs and perceived needs are also very relevant. Another stakeholder emphasised lack of resources to explain why the real needs are not fully covered. A third stakeholder pointed out that the programme should only cover real needs in areas where the Member States do not have sufficient activities. Thus, the EU's health policy/strategy should be complementary to the Member States' public health policies/interventions (not parallel).

Some of the interviewed stakeholders held the view that the annual priority areas do cover the real needs of European public health - at least the big issues. One stakeholder argued that there are so many priorities that they should cover the needs and pointed to the necessity of implementing a coordination system to avoid overlapping priorities.

Other stakeholders held the view that the annual priority areas do not cover the real needs of European public health. One stakeholder expressed that 'the real needs of Europe and the annual work plans (AWPs) are two different worlds'. Another stakeholder pointed out that the priorities are not consistent as they are defined at different levels and cannot be aggregated.

What is the rationale for the chosen annual priorities?

It was emphasised by stakeholders that the annual priorities should be chosen to reflect the EU health strategy and the overall objectives of the programme.

The annual priority areas are decided as part of a process which takes into account the views of a wide range of stakeholders

At the same time, it was noted that the annual priorities are a result of a process which takes into account the views of both internal and external stakeholders, including Member States. Furthermore, some stakeholders pointed to the importance of the role of the policy officers, their priorities and contacts to the public health community. One stakeholder suggested rotation of policy officers and higher accountability with the research environment to improve the selection of annual priorities.

One stakeholder mentioned that inadequate attention is paid to ensuring European added value of the activities funded.

What is your view on the number of activities funded according to priority area and the underlying cause of gaps identified?

Priority areas such as cancer, mental health and child health were mentioned as possible gaps under the health information strand. Furthermore, there might be gaps in the field of early response under the health threats strand. Under the health determinants strand, some stakeholders were surprised by the relatively low number of activities funded relating to ageing. One stakeholder mentioned that activities in this field might be placed under other strands/priority areas. Furthermore, it was mentioned that activities relating to injuries are typically only small projects.

Gaps in the research community

Some stakeholders pointed out that a reason for gaps might be that there are gaps in the research community/only few actors in the area in question, which can apply for funding.

Better funding opportunities elsewhere

Lack of applications in a priority area might also be a result of more limited funding opportunities through the PHP compared to other programmes, e.g. the framework programmes for research and development.

The role of the policy officer

Other stakeholders mentioned that the number of activities funded under each priority area depends to a certain degree on the policy officers.

Some priority areas have a broader focus

Furthermore, some priority areas have a broader focus than other areas, which affect the number of activities funded. It was mentioned - as an example - that there are more applications in areas with a high concentration of NGOs for whom the PHP is often the only possible funding opportunity.

Another stakeholder pointed out that the number of activities funded might depend on whether or not the priority area is new. Thus, the number of applications and activities funded may increase over time as capacities increase.

If relevant, how do you suggest promoting funding of activities in these areas in the future?

Too many priority areas in the AWP

One stakeholder pointed out that a premise for funding of activities in a certain area is that the area is mentioned in the annual work plan (AWP). At the same time, funding of activities in a certain area can be promoted by reducing the number of other priorities mentioned in the AWP and by increasing the attractiveness of the programme compared to other funding opportunities. Some stakeholders found that there are too many priority areas/topics in the AWP. The consequence might be that too many small activities are funded without sufficient resources to follow-up on project results. One stakeholder argued that a suitable number of activities funded each year would be 20 large activities and 10-15 small activities.

Calls for tenders

Another stakeholder suggested increased use of calls for tenders in areas where proposals are scarce.

The need to consult the research community

Some stakeholders accentuated the need to consult the research community on a regular basis, e.g. every third year, to identify the real needs. This could be done by independent reports from the research community, calls for interest or workshops. The results of the consultation would help focus the AWP's and make them more relevant. One stakeholder also suggested consulting rejected applicants in priority areas with lack of applications to promote the quality of possible later applications.

Marketing of the programme

Finally, the marketing of the programme by the policy officers may be increased with the aim to increase the interest of stakeholders in participating in the programme and the commitment of the Member States.

6.3.4 Case studies

The projects selected may be regarded as success stories

In general, the projects selected for in-depth study are relevant to the overall PHP objectives and provide clear EU added value according to the independent public health experts who conducted the case studies. In this way, the projects selected may be regarded as success stories. The projects selected have been approved by DG SANCO. The results of the case studies with regard to relevance and European added value are presented in appendix II.

Table 6-6 presents the scores for each of the case study according to relevance and European added value accompanied with brief rationales for the scores.

Table 6-6 Scoring of case study relevance

Case study	Score	Rationale
Health information		
Comparable European information		
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	4	The project aims - through provision of data sets suitable to serve as a baseline to track population health following the enlargement - to contribute to tackling inequalities in health across Member States which is high on the present EU political agenda
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	3	The project aims to contribute to increased efficacy of medical practices and improved quality of care in perinatal health through dissemination of information in the area of perinatal health. The area has some political attention.
Creation & support of knowledge management networks		
European Surveillance of Congenital Anomalies (Phase 3)	3	The project aims to contribute to improved prevention of congenital anomalies and treatment, care and outcome of affected through development and maintenance of the EUROCAT database. The area has some political attention.
Rare Diseases Portal	4	The project aims to contribute to improved prevention, diagnosis and treatment of rare diseases through improved accessibility of information. Pooling of scarce resources on rare diseases across individual Member States seems fully justified in terms of European added value.
Health threats		
Organs		
European Living donation and public Health	3	The project aims to contribute to improved health and safety of living organ donors and possibly more transplantations by reaching a consensus on European common legal and ethical standards regarding protection and registration practices related to living organ donors. The area has some political attention.
JACIE - Joint Accreditation Committee ISCT EBMT	3	The project aims to contribute to increased quality and safety in haematopoietic stem cell transplantation through implementation of JACIE standards. The area has some political attention.
Chemical threats		
The Public Health Response to Chemical Incident Emergencies	3	The project aims to reduce the burden of disease related to chemical emergencies and adverse health impacts by developing a toolkit with relevant material and a training manual enabling participating Member States to address the specific needs. Building knowledge on preventive measures, disaster management and optimal ways to improve outcomes has received high political attention and priority. However, it is important to be aware that chemical and radioactive incidents are quite different. According to the independent expert conducting the case study, the focus of the project at hand might have been too broad. Another quite important deficiency is considered the lack of involvement in the project of practitioners (primary care physicians, nurses).
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	3	The project aims to contribute to improved treatment of patients exposed to toxic chemicals or to radioactive materials by developing a road-map that may be used for improvement of the treatment regimes. Building knowledge on preventive measures, disaster management and optimal ways to improve outcomes has received high political attention and priority. According to the independent expert conducting the case study, the project would have benefited from more focus on primary care and inclusion of target group, e.g. national societies of general practitioners.
Health determinants		

HIV/AIDS		
European Centre AIDS & Mobility A&M	4	The project aims to contribute to reduced vulnerability of mobile and migrant populations to HIV/AIDS, especially among young people, through networking across Member States and increased awareness especially in the new Member States. The project topic is a transnational phenomenon with common issues and characteristics across countries. Thus cooperation seems fully justified in terms of European added value.
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	4	The project aims to contribute to better health for migrant and mobile sex workers and trafficked women through networking. The project topic is a transnational phenomenon with common issues and characteristics across countries. Thus cooperation seems fully justified in terms of European added value.
Addictions - drugs		
European Network on Drugs and Infections Prevention in Prison	3	The project aims to contribute to better health among prisoners through networking. The area has some political attention.
Democracy, Cities & Drugs II	4	The project aims to contribute to reduction of drug-related problems, especially among women and young people, through networking to support an effective approach at the local level towards drug-related problems. The project topic is a transnational phenomenon with common issues and characteristics across countries. Thus cooperation seems fully justified in terms of European added value.

7 Contribution to European public health - effectiveness of the PHP

7.1 Background and focus

Evaluation questions

The effectiveness of the Public Health Programme (PHP) has been addressed by the following evaluation questions:

Evaluation questions

Q4: To what extent do the results obtained through the provision of financial support for specific projects/activities help achieve the objectives of the programme and what is their position and proportion in the DG SANCO policy cycle?

Q5: To what extent has the programme contributed to the preparation, development and implementation of EU public health policy initiatives, including the preparation of legislative actions and the establishment of structured cooperation between Member States and with stakeholders?

Q6: Have the projects produced evidence, data or methodologies with significant value? What is their current use in the EU?

Q7: To what extent has the PHP helped transmit experience/best practices to and from health stakeholders?

Q8: To what extent has knowledge generated by the PHP been disseminated and how?

Q9: Are the different financial instruments used effectively to attain the objectives of the programme in the most cost-effective way? If no, why not?

Q10: Are the programme objectives and available resources in balance with the number of priorities in the AWP in view of a reasonable number of meaningful projects? If not, what difficulties are foreseen?

The assessment of the effectiveness of the PHP in contributing to European public health explores whether the achievements made actually match the expected results and impacts of the programme. In this context, an overall assessment will build on assessments of the types of projects or interventions that are the most effective - hereunder for the different health issues and/or target groups.

Use of different information sources

The evaluation methodology implies that the assessments build on the views of beneficiaries and other stakeholders as well as judgments made by the evaluation team. These views are gathered via desk study, e-survey, interviews and case studies.

7.2 Summary - effectiveness

Q4: To what extent do the results obtained through the provision of financial support for specific projects/activities help achieve the objectives of the programme, and what is their position and proportion in the DG SANCO policy cycle?

From the outset of evaluating the effectiveness of the PHP, it is important to be aware of the critique provided by the Court of Auditors (CoA) in an audit of the PHP in 2008. The CoA concluded that the programme lacked an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators. While such lack of intervention logic can hinder the effectiveness of the programme implementation, it also has implications for an evaluation - i.e. if intended results are not clearly formulated, it is difficult to assess whether they have been achieved.

The e-survey reveals that even though many stakeholders find that the objectives are unclear, there is in general a belief that PHP objectives have been achieved to some extent. Beneficiaries are more optimistic compared with other stakeholders. In particular, those employed in the private sector have little knowledge about whether activities have led to the achievement of the objectives, and those who have insight do not assess the effort as entirely successful. Although it might not be surprising that other stakeholders are more sceptical of the success or usefulness of the supported activities, the discrepancy is central when assessing the effectiveness of the knowledge transfer process from the projects to the uses by other stakeholders. The most successful strand appears to be the health information strand in which more than half of the beneficiary respondents assess that the objectives have been achieved to a large extent. The least successful strand seems to have been the health threats strand where around one third of the beneficiaries assess that the objectives have only been achieved to a moderate or minor extent or not at all.

Q5: To what extent has the programme contributed to the preparation, development and implementation of EU public health policy initiatives, including the preparation of legislative actions and the establishment of structured cooperation between Member States and with stakeholders?

It appears from the e-survey that a number of other stakeholders are sceptical about the extent to which evidence created by PHP activities is being used to support health implementation/prevention measures at national level and international level respectively. Not surprisingly, there are slightly less optimism about the use of the PHP results at the international level compared with the national and EU levels respectively.

The interview survey supports this scepticism. One stakeholder estimated that less than 20 per cent of the PHP projects have been used for the formulation of policy initiatives. In explanation of this it was mentioned that it is very difficult to find the final project reports and that the quality of the reports is often not up to par. Another stakeholder pointed out that the results are not used thoroughly and systematically. Timing issues might also have restricted the use of the results in the policy cycle as it normally takes at least three years from a new priority area is mentioned in the annual work plan (AWP) until the results of pro-

jects in this area are available. Thus, the results might be available too late to be used in the formulation of policy initiatives. However, good examples were also given. It was mentioned that beneficiaries have the chance to give input to the Commission through various forums and that the PHP results often feed into impact assessments.

According to the PHP experts conducting the case studies, most of the projects selected for in-depth study have a strong potential to contribute to the preparation, development and implementation of EU public health initiatives. These projects are characterised by the development of recommendations targeted at and disseminated to policy makers. In general, networks have a strong potential to influence policy makers, but not all seem to engage in such direction. The case studies support the view expressed in the interview survey on the quality and accessibility of final reports. Thus, the results of the projects are not always reported in a systematic and transparent way in the final reports. Furthermore, for some projects the final reports have not been available from the EAHC project database. This influences the extent to which the results of the projects can be used for the preparation, development and implementation of EU public health policy initiatives.

Q6: Have the projects produced evidence, data or methodologies with significant value? What is their current use in the EU?

The e-survey revealed that the beneficiaries are quite positive about the extent to which their PHP activity has produced evidence, data or methodologies with significant value. In particular, beneficiaries engaged in all three strands are positive, which might reflect the existence of synergies between the strands. Furthermore, it is noticeable that the least pessimistic are those engaged in the health threats strands. This is somewhat in contrast to other survey results, where beneficiaries from this strand were most pessimistic about the achievement of PHP objectives.

In the interview survey, however, only few good examples of new evidence, data and methodologies of significant value from PHP funded activities were mentioned by the interviewed stakeholders. Some stakeholders pointed out that the programme does not aim to do new research but to provide policy recommendations.

In the case studies, half of the projects selected for in-depth study are perceived by the experts to have produced evidence, data or methodologies with significant value. For others, this is perceived to hold only partially. The distinction is primarily based on number of articles published and the extent to which new data have been collected.

Q7: To what extent has the PHP helped transmit experience/best practices to and from health stakeholders?

The effectiveness of achieving impacts on public health knowledge/practice is a central factor in a successful knowledge transfer process. The e-survey reveals that the health threats strand beneficiaries distinguish themselves as being the most positive with respect to the impact on public health knowledge/practice. Furthermore, of the issues addressed by more than ten beneficiaries, projects concerning diseases are assessed to have had the largest impact in

this respect, while health inequality and other health issue projects have been least successful.

Evidence provided by interviews indicates that PHP funded activities have helped exchange experiences and disseminate best practice among stakeholders to some extent. Networks were highlighted as a good example.

The case studies support this view. Most of the projects selected for in-depth study probably have helped transmit experience/best practice to and from stakeholders. In some cases, exchange of experiences has been facilitated through conferences etc. However, in other cases, the extent to which such exchange has taken place is not well documented.

Q8: To what extent has knowledge generated by the PHP been disseminated and how?

It was found that the transfer of knowledge - i.e. securing that project outputs reach the users to achieve the PHP objectives - through peer-reviewed articles was not very widespread as a means to disseminate results to potential users, while more beneficiaries have engaged in publishing popular articles. At least three issues should, however, be emphasised, and the observations should be viewed in this context. Firstly, it is not possible to say whether some of the articles would have been produced anyway. Secondly, it takes time before results actually are published - in particular for the peer-reviewed articles. In other words, even in 2010 there are still some results pending publication. Thirdly and maybe most importantly, it might not be suitable for many of the projects to use this media for knowledge transfer.

According to the case studies, there are projects where the extent to which knowledge generated has been disseminated has been considerable. The dissemination efforts have included both publication of articles and other dissemination activities, e.g. website, training seminars and conferences. However, for other projects, the dissemination effort has not been targeted all relevant stakeholders.

Q9: Are the different financial instruments used effectively to attain the objectives of the programme in the most cost-effective way? If no, why not?

Most of the budget is allocated to call for proposals, which was accentuated as the core instrument of the programme. In the interviews, some stakeholders argued that it was a good idea to make widespread use of calls for proposals in the beginning of the programme period to build up the programme and promote capacity building. In recent years, the use of calls for tenders has increased. This allows more focused outcomes. In general, there are enough applications, and the quality is good. Attention was drawn to direct grant agreements as an important instrument to ensure cooperation with international organisations on a strategic level and the pooling of resources. Challenges mentioned with regard to the existing financial instruments include ensuring sustainability. Furthermore, it was mentioned that small organisations might not have the resources necessary to participate in the programme, especially organisations from Eastern Europe.

According to the case studies, a three-year funding period is not always long enough to cover the whole project cycle. Furthermore, the present funding model where projects compete to obtain funding may promote good start-ups but entail less focus on dissemination and implementation of the results.

Q10: Are the programme objectives and available resources in balance with the number of priorities in the AWP in view of a reasonable number of meaningful projects? If not, what difficulties are foreseen?

The e-survey revealed that among other stakeholders, excluding those who have no knowledge of this issue, half of the respondents support to a large or to some extent the need for a reduction the number of priorities in the annual work plans to better match the available resources of the PHP.

This conclusion is backed up by the interview survey. In general, the interviewed stakeholders found the financial resources insufficient in the context of the programme objectives and the priority areas. The number of priorities was accentuated as a problem in this regard. Furthermore, it was mentioned that some stakeholders, especially in Eastern Europe, have problems finding the supplementary funding necessary to participate in the programme. Some stakeholders argued that the results of the programme and use hereof must be improved before increasing financial resources for the programme. One stakeholder mentioned that more resources should be allocated to the monitoring of the programme. In general, allocation of additional financial resources to the programme would also require more resources allocated to the administration of the programme.

7.3 Evaluation results

In the following, the presentation of the evaluation results is done by information source.

7.3.1 Document review

Court of Auditors:
lack of explicit intervention logic

From the outset of evaluating the effectiveness of the PHP it is important to be aware of the critique provided by the Court of Auditors (CoA) in an audit of the PHP in 2008²², see also section 6.3.1. The CoA concluded that the programme lacked an explicit intervention logic that could facilitate the setting of clear and logically linked objectives and corresponding performance indicators. While such lack of intervention logic can hinder the effectiveness of the programme implementation, it also has implications for an evaluation - i.e. if intended results are not clearly set out, it is difficult to assess whether or not they have been achieved.

Furthermore, the CoA pointed out that since project proposers were invited to apply for funding under often very general headings, the multiplicity and diversity of project topics and target groups caused input to be diluted and led to

²² The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

fragmented results. According to the CoA, the number of priorities should commensurate with the available budget, as having too many priorities will reduce the chances of achieving impact in any individual area.

Interim evaluation: difficult to measure performance, but achievements have been made

The critique by the CoA was already put forward in the interim evaluation of the PHP undertaken in 2006²³. It concluded that it was often difficult to measure performance against the wider purposes of the PHP because of the limited use of (quantitative or qualitative) intermediary measures that could chart the progress of each project against the wider aims of the PHP.

However, the findings also showed that there was a widespread perception among stakeholders - at this interim stage - that the PHP would reduce health risks by health promotion, disease prevention or health protection and improved surveillance. According to the interim evaluation, the PHP had helped establish a widely shared view among international organisations and stakeholders that it is appropriate for public health action to be organised at the European level. It had also established a clear presence on the Internet and in international forums. This was perceived as important because the successful delivery of the PHP depends on cooperation and agreement with international organisations and stakeholders.

Furthermore, the interim evaluation pointed out that the PHP seeks to achieve its objectives in part through influence. Its influence was strengthened by providing not only funding but also profile and prestige for award holders, access to new partners and better access to information. In turn, this higher profile supported the dissemination of findings and the spread of good practice. However, an 'inner circle' of stakeholders was very aware of the work of the PHP, but a wider potential audience may have been missed. These were unlikely to be interested in 'generic' messages about the PHP but may be very interested in more specific messages tailored to their particular public health interests.

Annual activity reports: many policy initiatives at EU level in the field of public health

A review of annual activity reports for DG SANCO²⁴ shows that many achievements have been made with regard to policy initiatives at EU level in the field of public health over the period 2003-2007.

The aim is here not to list all the achievements made, but to highlight some typical policy initiatives:

- The legislation to create a European Centre for Disease Prevention and Control (ECDC) was adopted by the European Parliament and the Council in April 2004. The aim of the centre is to strengthen the surveillance and control of communicable diseases.

²³ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

²⁴ DG SANCO. Annual Activity Reports

- The European Platform for Action on Diet, Physical Activity and Health was launched on 15 March 2005 to bring together all relevant players willing to enter into voluntary, yet binding and verifiable commitments that could help halt and reverse current obesity trends.
- The adoption of the White Paper on an EU health strategy 2007-2013²⁵, which laid down the future directions and focus to EU health actions.
- Impact assessment of policy options for a possible EU initiative on HIV/AIDS as a follow up to the first EU HIV/AIDS action plan 2006-2009. It is mentioned that key developments and achievements of the first action plan have been realised in terms of e.g. the PHP as funding priorities for HIV/AIDS defined in the annual work plans follow action plan priorities. It is stated that the PHP 2003-2008 and the second Health Programme (2008-2013) co-funded numerous projects.
- The project selected for case study: JACIE - Joint Accreditation Committee ISCT EBMT - has directly provided input to EU Directive 2004/23/EC on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells.

7.3.2 Portfolio analysis

Mapping of financial instruments

Table 6-1 and Table 6-2 in the previous chapter provided an overview of the number of activities funded and the financial contribution allocated to these activities according to strand and priority area based on the portfolio analysis undertaken by COWI, see section 6.3.2. The main instruments of the PHP were projects (calls for proposals) and service contracts (calls for tender) as well as direct grant agreements with international organisations. Table 7-1 illustrates the proportion use of different financial instruments under the PHP based on data collected for the portfolio analysis.

²⁵ White Paper - Together for Health: A Strategic Approach for the EU 2008-2013

Table 7-1 Mapping of financial instruments

Financial instruments	2003	2004	2005	2006	2007	Total
<i>EC contribution, million euro</i>						
Projects (calls for proposals)	39.1	46.0	38.3	47.7	42.0	213.2
Direct grant agreements			2.0	3.0	2.1	7.2
Service contracts (calls for tender)	0.2	1.2	1.5	2.7	2.1	7.7
Total	39.3	47.2	41.8	53.5	46.2	228.2
<i>Percentage of EC contribution</i>						
Projects (calls for proposals)	99.5	97.5	91.6	89.2	90.8	93.5
Direct grant agreements			4.9	5.7	4.6	3.2
Service contracts (calls for tender)	0.5	2.5	3.5	5.1	4.6	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

The bulk of the financial envelope under the PHP has been allocated to projects (calls for proposals). This was most evident in the beginning of the programme period as the use of direct grant agreements and service contracts (calls for tender) have increased in more recent years.

New instruments

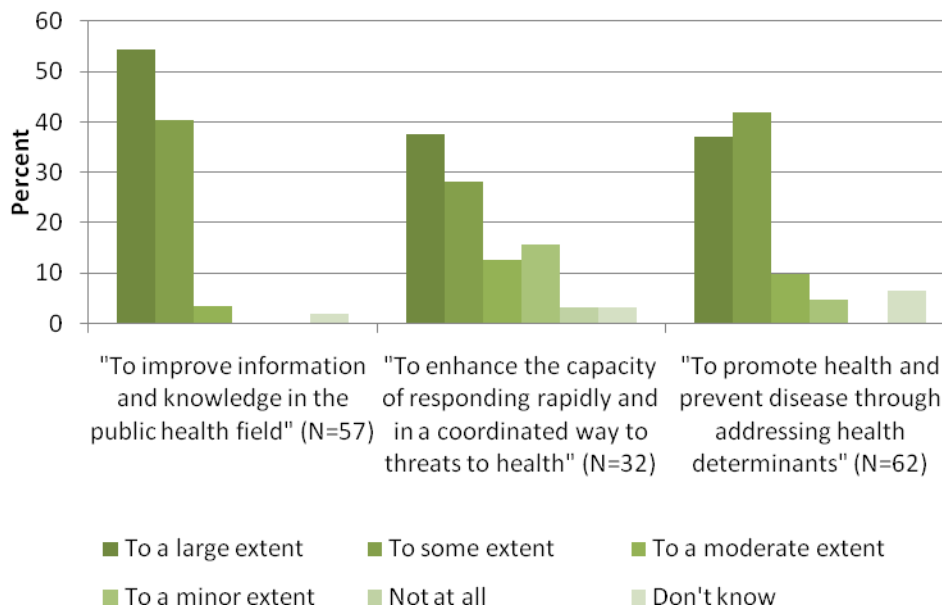
New instruments have been introduced with the second Health Programme 2008-2013, most notably operating grants and joint actions. The purpose of an operating grant is to provide financial support towards the functioning of an organisation in its core activities - over a period that is equivalent to its accounting year - in order to carry out a set of activities. A joint action is a collaborative effort, involving research or design. The purpose is to provide funding of joint activities of the Commission and governments, or public authorities of Member States, in order to implement commonly agreed policy objectives.

7.3.3 E-survey

Effective achievement of objectives according to beneficiaries

Generally, beneficiaries are of the view that their activities have contributed towards achieving the PHP objectives for the three strands. The most successful strand appears to be the health information strand in which more than half of beneficiary respondents assess that the objectives have been achieved to a large extent. In contrast, around a third of the beneficiaries from the health threats strand assess that the objectives have been achieved only to a moderate or minor extent or not at all - see Figure 7-1. One possible explanation for this difference could be that many of the projects within the health information strand - compared with the health threat strand - pursue relatively tangible objectives and so the measuring of objective fulfilment is more feasible.

Figure 7-1 To what extent did your PHP activity contribute to the achievements of the PHP objective?



Less effective achievement of objectives according to other stakeholders

Compared with the beneficiaries, other stakeholders' viewpoints generally reflect less optimistic views on the extent to which the activities have contributed to the achievement of the PHP objectives (Figure 7-2). The health threats strand participants are less positive in this respect - but this view is not as dominant as among the beneficiaries.

In particular, those employed in the private sector have little knowledge about whether activities have led to the achievement of the objectives, and those who have insight do not assess the effort as very successful. This assessment is, however, not as striking for the health determinants strand.

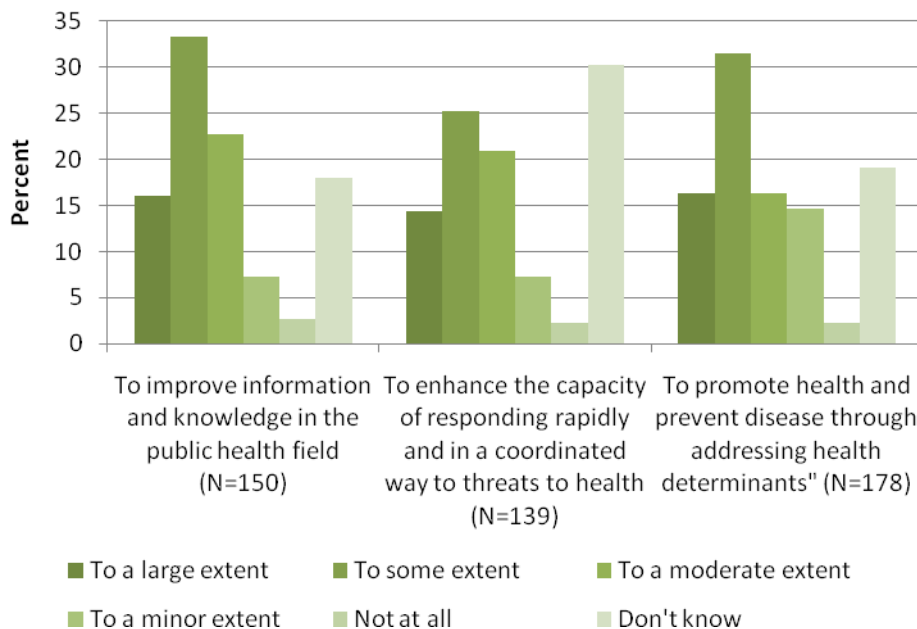
Another interesting observation is that those who participate as external experts in the PHP have widespread views - i.e. while 27.8 per cent assess the health information strand activities as successful, 11.1 per cent assess them to be without any success at all. This is of course a result of the experts participating in different projects and thus a good indication of the variation in the success of projects.

NGOs, health organisations etc., together with those employed in the public administration of a Member State, seem to be most satisfied with the achievements. Since they often are immediate users of the project findings, this is a favourable finding.

Although it might not be surprising that other stakeholders are more sceptical of the success or usefulness of the supported activities, the discrepancy is cen-

tral when assessing the effectiveness of the knowledge transfer process from the projects to the uses by other stakeholders.

Figure 7-2 To your knowledge, to what extent have activity funded by the PHP contributed to the achievements of the PHP objective?



Effectiveness of producing outputs

To get a first view on how the beneficiaries have pursued the transfer of knowledge - i.e. securing that project outputs reach the users to achieve the PHP objectives - the e-survey demonstrated that the dissemination of results to potential users through peer-reviewed articles is not very common, while more beneficiaries have engaged in publishing popular articles.

Support to health implementation/prevention

A number of other stakeholders are sceptical of the extent to which evidence created by PHP activities is being used to support health implementation/prevention measures at national level and international level respectively. Not surprisingly, there are slightly less optimism about the use of the PHP results at the international level compared with the national and EU levels respectively.

Value to community

Almost half of the other stakeholders have no knowledge of or opinion on whether produced evidence, data or methodologies provide value or services to the citizens or to the community. Of the remaining half, half are sceptical.

Beneficiaries consider evidence to be valuable

Beneficiaries are quite positive about the extent to which their PHP activity has produced evidence, data or methodologies with significant value. In particular, beneficiaries engaged in all three strands are positive, which might reflect the existence of synergies between the strands. Furthermore, it is noticeable that the least pessimistic are those engaged in the health threat strand. However, a

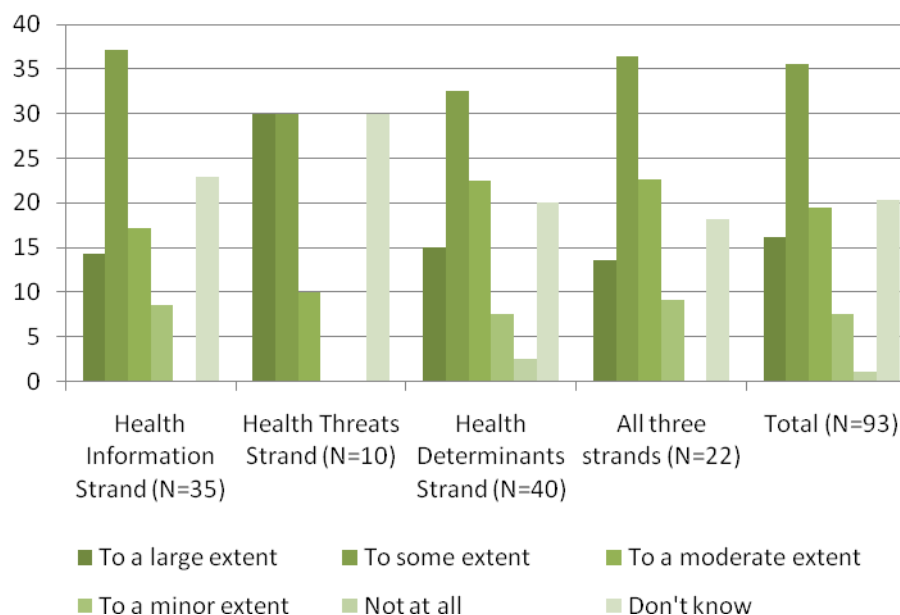
somewhat scattered picture is revealed when looking at the health issues or the target groups addressed by the beneficiaries.

Impact on public health knowledge/practice

The effectiveness of the achieving impacts on public health knowledge/ practice is a central factor in a successful knowledge transfer process.

The health threats strand beneficiaries distinguish themselves as being the most positive with respect to the impact on public health knowledge/practice (see Figure 7-3). When looking into the health issues in which the knowledge transfer process has had the largest impact, the issues addressed by more than ten beneficiaries, projects concerning diseases are assessed to have had the largest impact in this respect, while health inequality and other health issue projects have been least successful.

Figure 7-3 To what extent has your activity resulted in changes in current public health knowledge/practice?



Use of results at national level

Regarding the effectiveness of transferring knowledge to the national level - as assessed by the beneficiaries - this aspect of the process is in general assessed to have been slightly more successful than the above-discussed impact on public health knowledge/practice.

Spill-over effects to national and international levels

There is moderate optimism about the extent to which project activities have been used to develop similar activities at national and international levels.

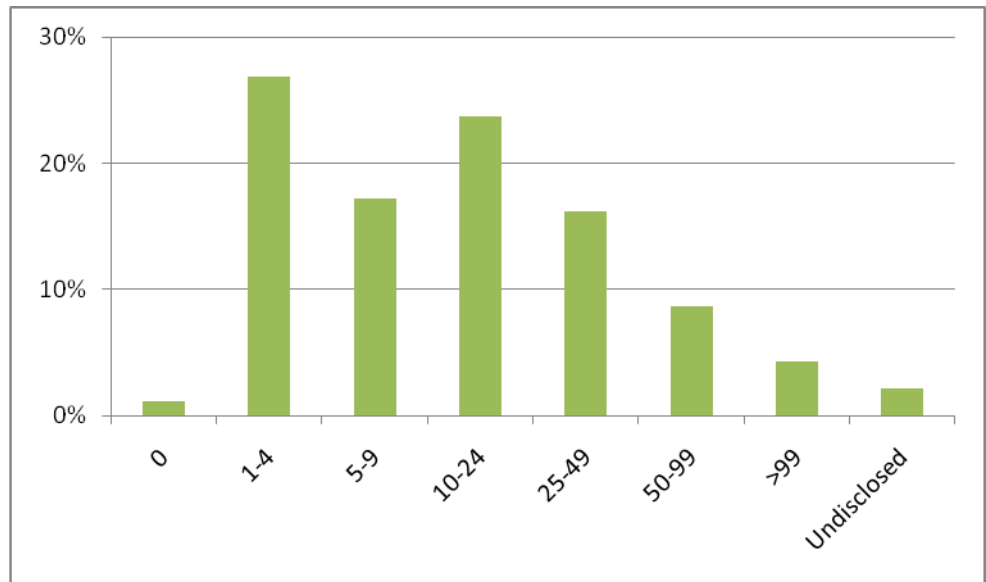
Impact on sharing of experience and/or best practices, strengthening of professional networks

There is no clear picture of the extent to which PHP activities have contributed to the sharing of experience and/or best practices between stakeholders in public health as well as of the involvement in PHP activities to the strengthening of professional networks.

Extent of networking and durability of networks

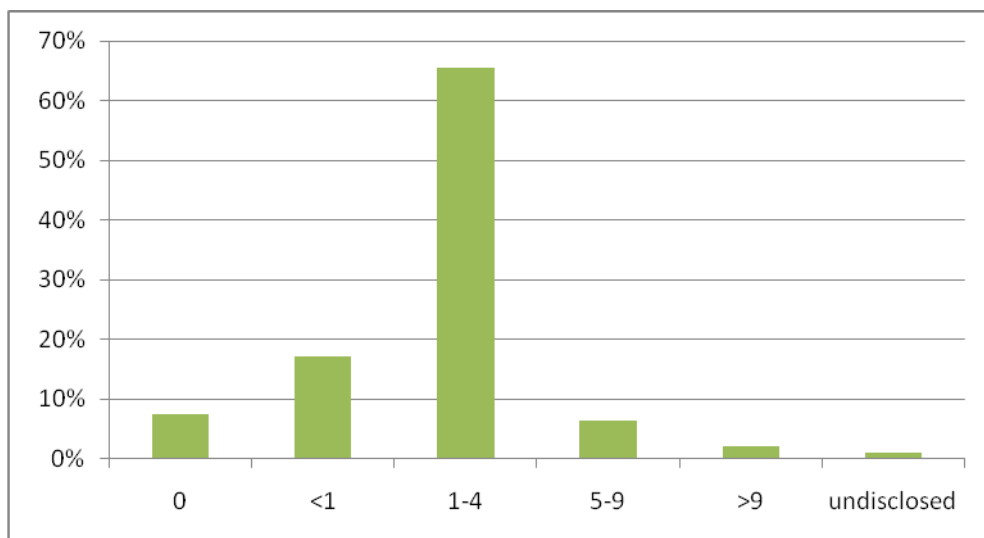
Not surprisingly, coordinators mostly communicate with the participants by phone or e-mail compared to face-to-face meetings or conferences in a typical three-month period. This pattern is similar both during and after the funding period (Figures 7-4 and 7-5 respectively).

Figure 7-4 In a typical three-month period, how often do/did you communicate with the participants affiliated to your PHP activity by phone or e-mail (e.g. project planning, newsletter) during the funding period?



Note: N=93

Figure 7-5 In a typical three-month period, how often do/did you hold a face-to-face meeting or video conference with the participants affiliated to your PHP activity during the funding period?



Note: N=93

Target audiences for dissemination efforts

The major target audiences for the dissemination efforts and for the knowledge transfer were found to be public health professionals and national health authorities/policy-makers; whereas the major 'means' or 'tools' for the dissemination were primarily websites and secondarily reports, scientific publications and conference/seminar/workshop.

Appropriateness of number of priorities

Finally, the other stakeholders were asked to assess whether the number of priorities in the annual work plans should be reduced to match better the available resources of the PHP. The result reveals that, excluding those who have no knowledge of this issue, half of the respondents believe to a large or to some extent in a need for such a reduction.

7.3.4 Interviews with internal stakeholders

In the interviews, we asked stakeholders to what extent the funded activities under the PHP have supported the fulfilment of the programme objectives, how and to which extent the results of the PHP funded activities have been disseminated and used in the DG SANCO policy cycle, whether stakeholders have examples of new evidence, data and methodologies of significant value resulting from PHP funded activities, whether or not PHP funded activities have helped exchange experiences and disseminate best practice, whether or not the financial resources available are sufficient in the context of programme objectives/priority areas and the stakeholders' views on use of the financial instruments.

The PHP has supported the fulfilment of programme objectives	<p>Have the funded activities under the PHP supported the fulfilment of the programme objectives and in which way (contributed to EU added value)?</p>
	<p>Evidence provided by interviews shows that in general stakeholders believe that the PHP supported the fulfilment of programme objectives to some extent. The effect of large projects was emphasised by one stakeholder.</p>
	<p>However, some stakeholders argued that the objectives were too vague rendering measurement of fulfilment of objectives difficult.</p>
	<p>One stakeholder pointed out that the programme is not a main determinant of public health and that the impact on public health therefore has been only minor. This should be seen in the light of limited financial means. Another stakeholder argued that the nature of the programme is long-term and that the results are only now starting to show as the projects are closing down.</p>
Easier to achieve European added value in some areas than others	<p>One stakeholder pointed out that for some areas it is easier to achieve European added value than for others, e.g. in areas such as organs, rare diseases, communicable diseases and generic preparedness, as it is not possible or necessary to cover these areas in each Member State. Other areas, e.g. nutrition, may be more diverse/country specific.</p>
A challenge how to reach the population	<p>Another stakeholder mentioned that the biggest challenge is how to reach the population.</p>
Limited use/dissemination of PHP results	<p>Do you have knowledge of how and to which extent the results of the PHP funded activities are used/have been disseminated nationally and internationally?</p>
	<p>The evidence collected points to only limited use/dissemination of results of the PHP funded activities nationally and internationally.</p>
	<p>One stakeholder pointed out that the beneficiaries are required to disseminate the results. However, in the past many beneficiaries have lacked a proper dissemination strategy and have in general not made sufficient efforts in this field.</p>
	<p>The EAHC makes information on the results of projects available to the public on the EAHC website, e.g. the project database. The EAHC could do more in this area but is restrained by lack of resources. Some stakeholders argued that extra resources should be allocated to the hosting of INFO-days. It was mentioned that DG SANCO/EAHC had earlier compiled a publication describing projects funded in a given year but this is not done anymore. Now the EAHC has started to compile reports to DG SANCO on the effects of large projects. Such an attempt to report on results/effects of the programmes has never taken place before.</p>
	<p>One stakeholder pointed out that the Commission has provided general information to the public but that it also has to provide information to targeted</p>

groups of stakeholders. Furthermore, the Commission should provide the necessary ad hoc information when requested from the outside and engage more in dialogue.

Limited use of PHP results in the DG SANCO policy cycle

How are the PHP results used in the DG SANCO policy cycle?

Evidence provided points to limited use of PHP results in the DG SANCO policy cycle.

One stakeholder estimated that less than 20 per cent of the PHP projects have been used in the formulation of policy initiatives. In explanation of this, it was mentioned that it is very difficult to find the final project reports and the quality of the reports is often not good enough.

Another stakeholder pointed out that the results are not used thoroughly and systematically.

Timing issues might also have restricted the use of the results in the policy cycle as it normally takes at least three years from a new priority area is mentioned in the annual work plan (AWP) until the results of projects in this area are available. Thus, the results might be available too late to be used in the formulation of policy initiatives.

However, good examples were also given. It was mentioned that beneficiaries have the chance to give input to the Commission through various forums and that the PHP results often feed into impact assessments.

Box 7-1 provides examples of impact assessments with reference to the PHP projects. The impact assessments have been identified by the evaluator among the impact assessments which are accessible on-line on the Commission website²⁶.

²⁶ http://ec.europa.eu/governance/impact/ia_carried_out/cia_2010_en.htm

*Box 7-1 Examples of impact assessments with reference to PHP projects***Combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013**

The impact assessment considers policy options for a possible EU initiative on HIV/AIDS as a follow up to the first EU HIV/AIDS action plan 2006-2009. It is mentioned that key developments and achievements of the first action plan have been realised in terms of e.g. the PHP as funding priorities for HIV/AIDS defined in the annual work plans follow action plan priorities. It is stated that the PHP 2003-2008 and the second Health Programme (2008-2013) co-funded numerous projects. The total financial contribution amounted to over EUR 30 million. A detailed description of projects and the EC co-funding for HIV/AIDS is attached to the impact assessment.

Solidarity in health: reducing health inequalities in the EU

The impact assessment considers policy options for a possible EU initiative "Solidarity in health: Reducing health Inequalities in the EU", launching work in this field while building on existing measures and mechanisms. When describing existing EU action and links to other relevant EU policies, it is mentioned that the PHP provided funding for around ten collaborative projects addressing aspects of health inequalities. In the presentation of background and context, the impact assessment draws on a number of data sources. It has not been possible to determine the extent to which PHP results are used in the presentation.

Do you have examples of new evidence, data and methodologies of significant value from PHP funded activities (contributed to European added value)?

Only few good examples of new evidence, data and methodologies of significant value

Only few good examples of new evidence, data and methodologies of significant value from PHP funded activities were mentioned by the interviewed stakeholders.

Some stakeholders pointed out that the programme does not aim to do new research but to provide policy recommendations.

Have the PHP funded activities helped exchange experiences and disseminate best practices among stakeholders?

PHP activities have helped disseminate best practice

The evidence collected indicates that PHP funded activities have helped exchange experiences and disseminate best practice among stakeholders to some extent. Networks were highlighted as a good example.

Are available financial resources sufficient in the context of the programme objectives and the priority areas and are there enough applications (of sufficient quality)?

Financial resources are insufficient

In general, the interviewed stakeholders found the financial resources insufficient in the context of the programme objectives and priority areas. The number

of priorities was accentuated as a problem in this regard. Furthermore, it was mentioned that some stakeholders, especially in Eastern Europe, have problems finding supplementary funding necessary to participate in the programme.

Some stakeholders argued that the results of the programme and use hereof must be improved before increasing financial resources for the programme. One stakeholder mentioned that more resources should be allocated to the monitoring of the programme. In general, allocation of additional financial resources to the programme would also require more resources allocated to the administration of the programme. Another stakeholder mentioned that more financial resources should be allocated to cover cross-cutting issues.

Enough applications, but the quality has been a problem in some cases

In general, the interviewed stakeholders found that there are enough applications. However, the quality of applications has been a problem in some cases. The quality of applications is ranked by an external evaluation, and the best projects are awarded funding within the budget. It was mentioned that the EAHC has to distribute the entire annual budget to avoid budget cuts. In practice, this means that some projects might have been awarded funding even though the quality of the project was not entirely satisfactory. Especially the requirements to management might be difficult to fulfil by PHP applicants. One stakeholder suggested that the Commission establish a help desk or joint actions to assist the applicants/beneficiaries on this issue.

The best applications may be directed to other sources

It was mentioned by some stakeholders that some of the best applications may be directed to other sources like the framework programmes for research and development where funding opportunities are better.

What is your view on the use of the three financial instruments (calls for proposals, calls for tender, direct grant agreements)?

Calls for proposals as the core instrument

Most of the budget is allocated to calls for proposals, which were accentuated as the core instrument of the programme. Some stakeholders argued that it was a good idea to make widespread use of calls for proposals in the beginning of the programme period to build up the programme and promote capacity building.

Increased use of calls for tenders which allow more focused outcomes

In recent years, the use of calls for tenders has increased. This allows more focused outcomes. In general, there are enough applications, and the quality is good. However, one stakeholder mentioned that the increased use of calls for tenders presupposes that the Commission has the necessary resources.

Direct grant agreements ensure international cooperation

Attention was drawn to direct grant agreements as an important instrument to ensure cooperation with international organisations on a strategic level and the pooling of resources.

Challenges

Challenges mentioned with regard to the existing financial instruments include ensuring sustainability. Furthermore, it was mentioned that small organisations

might not have the resources necessary to participate in the programme, especially organisations from Eastern Europe.

7.3.5 Case studies

Intervention logic

The case studies illustrate that there is a clear logic between the objectives of the PHP and the projects funded, on the one hand, and the contribution of the projects towards achieving the objectives of the PHP, on the other hand. However, many projects lack clear performance indicators to measure project achievements apart from the monitoring the achievement of milestones, deliverables and outputs. This lack of indicators seems to be somewhat more widespread in the health determinant strand. In general, it seems that there is not a strong focus on effect evaluation on project level. This does not mean that the projects did not have or will have significant effects but that these effects are largely unknown. The resources allocated for effect evaluation at project level must be balanced to the resources allocated for interventions. It is only the latter that can improve public health but the first is important for accountability purposes, to identify best practices and to guide future funding decisions.

Overview of concrete results

Table 7-2 provides an overview of concrete results of the projects selected for in-depth study based on the project websites and final reports.

Difficult to obtain a clear picture of the results of the projects from the final reports

The results of the projects are not always reported in a systematic and transparent way in the final reports. Furthermore, the final reports have not been available from the EAHC project database for all projects. In some cases, this is because the project is still running. This makes it more difficult to obtain a clear picture of the results of the projects. This holds for this evaluation but also influences the extent to which the results of the projects can be used by others, e.g. for the preparation, development and implementation of EU public health policy initiatives.

In general, the projects have strong potential to contribute to policy initiatives

Most of the projects selected for in-depth study have a strong potential to contribute to the preparation, development and implementation of EU public health initiatives according to the PHP experts conducting the case studies. These projects are characterised by development of recommendations targeted and disseminated to policy makers. In general, networks have a strong potential to influence policy makers. One network (JACIE) has provided concrete input to an EU Directive. However, other networks seem not to engage in such direction.

At least half of the projects have produced evidence, data or methodologies with significant value

Overall, six out of the 12 projects selected for in-depth study are perceived by the experts to have produced evidence, data or methodologies with significant value. For three projects, this is perceived to hold only partially. For the remaining three projects still running, evidence is scarce. The distinction is subtle between a project that has produced evidence, data or methodologies with significant value and a project where this holds only partially. In this case, the distinction is primarily based on number of articles published and the extent to which new data has been collected. It seems, in general, that it is more difficult

to justify recurrent projects in terms of new results. However, continued funding may be justified on other grounds, e.g. to ensure sustainability.

Most projects have probably helped transmit experience/best practice

Most of the projects selected for in-depth study probably have helped transmit experience/best practice to and from stakeholders. In some cases, exchange of experiences has been facilitated through conferences etc. However, in other cases, the extent to which such exchange has taken place is not well documented.

Variations in the dissemination effort

There are variations in the extent to which the knowledge generated by the projects selected for in-depth study has been disseminated. For about half of the projects, dissemination has been considerable. For other projects, the dissemination effort has not been targeted to all relevant stakeholders.

Table 7-2 Case studies: Concrete results

PHP Strand	Case study area	Selected projects/activities	Concrete results	
Health information	Comparable European information	Closing the Gap – Reducing Premature Mortality. Base-line for Monitoring Health Evolution Following Enlargement	1 report (Blueprint), including the main report and 10 country profiles 20 articles published in peer-reviewed journals Website (www.hem.waw.pl) 22 lectures on international meetings and conferences 1 central press conference in Brussels and 10 local press conferences in different MS	
		Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports*	1 report 4 articles published in peer-reviewed journals Website (www.europeristat.com)	
	Creation & support of knowledge management networks	European Surveillance of Congenital Anomalies (Phase 3)	Revised guides for coding and further development of EUROCATs Data Management Programme (EDMP) About 30 collaborative articles published in peer-reviewed journals Website (www.eurocat-network.eu) 28 lectures on international meetings and conferences	
		Rare Diseases Portal*	Online open-access peer-review journal ("Orphanet Journal of Rare Diseases") Website (www.orpha.net)	
	Health threats	Organs	European Living Donation and Public Health*	Consensus and recommendations (ethical, legal, protection and registry), informative leaflet, satisfaction survey, online registry 1 scientific publication (plus 4 in process) Website (www.eulivingdonor.eu) Presentation in more than 20 international congresses
			JACIE - Joint Accreditation Committee ISCT EBMT	Revised JACIE standards/manual in accordance with EU directive Production of educational materials: 300 information packs, training courses, set of model quality management materials (for sharing of best practice) Establishment of JACIE office in Barcelona and development of an effective IT system

PHP Strand	Case study area	Selected projects/activities	Concrete results
			<p>25 inspections and corresponding follow-up</p> <p>8 new countries in JACIE network</p> <p>2 articles directly related to the implementation of the JACIE project published in peer-reviewed journals (plus a number of related articles on JACIE)</p> <p>Website (www.jacie.org)</p>
	Chemical threats	The Public Health Response to Chemical Incident Emergencies Toolkit (CIE Toolkit)*	<p>Toolkit (fact sheet, scenario cards, sample questionnaire, guidance for conducting training exercises and information for the general public)</p> <p>Training manual and supporting material</p> <p>Establishment of a network of experts</p> <p>5 articles related to the project published in peer-reviewed journals</p> <p>Website (www.hpa.org.uk)</p>
		MASs-casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	<p>Description of standard scenarios, including technical countermeasures and treatment possibilities</p> <p>Surveys in 27 Member States</p> <p>Workshops</p> <p>Recommendations to improve generic emergency preparedness planning</p> <p>Website (www.mashproject.com)</p>
Health determinants	HIV/AIDS	European Centre AIDS & Mobility A&M*	<p>Policy recommendations and intervention strategies</p> <p>25 trend reports - EU and national level</p> <p>6 newsletters</p> <p>Workshops</p> <p>2 articles published in peer-reviewed journals in relation to the project</p> <p>Website (www.aidsmobility.org)</p>
		European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	<p>Policy advice and development of intervention models</p> <p>40 reports (to assess and analyse the situation in 24 partner countries)</p> <p>4 newsletters</p> <p>1 brochure</p> <p>CD Rom (guidelines for target intervention, the manual for training for outreach workers and manual for peer education training)</p> <p>5 training seminars</p>

PHP Strand	Case study area	Selected projects/activities	Concrete results
			<p>Enlarged European network</p> <p>Website (www.tampep.eu)</p> <p>Presentation in 9 international congresses and 15 policy meetings</p>
	Addictions - drugs	European Network on Drugs and Infections Prevention in Prison	<p>Recommendations for primary and secondary prevention of infectious diseases and other drug related health and social problems</p> <p>Reports, including 27 country reports and 1 summarising report</p> <p>5 newsletters</p> <p>2 conferences</p> <p>15 study visits</p> <p>6 training seminars</p> <p>14 ENDIPP related publications in journals etc.</p> <p>Website (www.endipp.net) - not functional 1 September 2010)</p>
		Democracy, Cities & Drugs II*	<p>Development of a resource-effective approach towards drug-related problems</p> <p>Creation of local partnerships and to set up a sustainable network of exchange of know-how</p> <p>Website (www.democitydrug.org)</p>

*) Final report is not available from EAHC project database.

Table 7-3 presents the scores for each of the case study according to effectiveness accompanied with brief rationales for the scores.

Table 7-3 Scoring of case study effectiveness

Case study	Score	Rationale
Health information		
Comparable European information		
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	3	Project objectives are achieved and the dissemination effort has been strong. However, no concrete evidence of health impact was found.
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	2	Project objectives are achieved in terms of producing the European Perinatal Health Report but the report does not include references to general policy implications and recommendations, thus scoring low in terms of its potential to contribute to EU public health policy initiatives. Dissemination has been undertaken, but there is little evidence of a targeted effort. No concrete evidence of health impact was found.
Creation & support of knowledge management networks		
European Surveillance of Congenital Anomalies (Phase 3)	2	Project objectives are achieved in terms of the EUROCAT database. The EUROCAT network as a whole has a strong potential to contribute to EU public health policy initiatives, but no evidence has been found of an engagement by project partners in this direction. Furthermore, there is little evidence of a targeted effort to the dissemination of project results. No concrete evidence of health impact was found.
Rare Diseases Portal	2	Project objectives are achieved in terms of improvement of the services already provided by Orphanet. The consortium of European partners running Orphanet has a strong potential to contribute to EU public health policy initiatives, but no evidence has been found of an engagement in this direction. Furthermore, there is little evidence of a targeted effort to disseminate project results, but the website (www.orpha.net) is very effectively designed to serve the diverse needs of multiple audiences. No concrete evidence of health impact was found.
Health threats		
Organs		
European Living donation and public Health	2	Project objectives are achieved in terms of providing recommendations for European common legal and ethical standards regarding protection and registration practices related to living organ donors. However, based on available information, it is unclear whether the recommendations were implemented in the EU Member States, to which extent the information on developed tools was disseminated throughout Europe and if there are indicators of the success of this project and its relevance and impact on practices in the EU Member States.
JACIE - Joint Accreditation Committee ISCT EBMT	4	Project objectives were achieved. The JACIE project is considered an outstanding example of how EU funding can facilitate the harmonisation, implementation and use of common standards. It is also outstanding in its continuing activities after the end of the project period and its success with regard to international collaboration and contribution to public health policies and regulation.
Chemical threats		
The Public Health Response to Chemical Incident Emergencies	N.A.	Evidence of the results of the project is scarce as the project was still running at the time of the evaluation.
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	N.A.	Evidence of the results of the project is scarce as the project was still running at the time of the evaluation.
Health determinants		

HIV/AIDS		
European Centre AIDS & Mobility A&M	3	Project objectives are achieved and the dissemination effort has been strong. However, no concrete evidence of health impact was found.
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	3	Project objectives are achieved and the dissemination effort has been strong. However, no concrete evidence of health impact was found.
Addictions - drugs		
European Network on Drugs and Infections Prevention in Prison	3	Project objectives are achieved and the dissemination effort has been strong. However, no concrete evidence of health impact was found.
Democracy, Cities & Drugs II	N.A.	Evidence of the results of the project is scarce as the project was still running at the time of the evaluation.

8 The EU level public health initiative - consistency/complementarity of the PHP

8.1 Background and focus

Evaluation question

The issue of consistency/complementarity of the Public Health Programme (PHP) was addressed by the following evaluation question:

Evaluation questions

Q11: To what extent is consistency and complementarity ensured between actions implemented under the programme and other EU policies and activities, and with actions implemented at national or international levels?

The evaluation of the consistency and complementarity of the PHP addresses the extent to which the activities implemented under the programme, on the one hand, and existing and/or new activities implemented under other EU policies or policies at national or international levels on the other hand, are mutually reinforcing or enhancing impacts.

8.2 Summary - consistency/complementarity

Q11: To what extent is consistency and complementarity ensured between actions implemented under the programme and other EU policies and activities, and with actions implemented at national or international levels?

The 2000-communication on the health strategy of the European Community included a number of specific measures to give effect to the requirement that "a high level of human health protection shall be ensured in the definition and implementation of *all* Community policies and activities". For example by improving coordination arrangements and by demonstrating how activities are taking account of the potential impact on health. Furthermore, in the White Paper on an EU health strategy 2007-2013, the Commission promised to put forward a structured cooperation implementation mechanism to advise the Commission and to promote coordination between the Member States. Thus, initiatives to ensure consistency/complementarity have been taken.

However, in 2008 the Court of Audits (CoA) concluded that the consistency and complementarity of projects were not adequately monitored.

Furthermore, the interim evaluation of the PHP undertaken in 2006 concluded that consistency and complementarity with Member States were limited, but that there was some complementarity with other Commission policies and actions. In contrast this evaluation observed a high degree of complementarity with other Commission policies and actions as well as activities in international organisations.

The evidence collected by interviews with internal stakeholders also indicates that the consistency/complementarity is not ensured in a systematic way; a fact which is considered to be a weak point of the programme.

On the other hand the case studies selected for in-depth study generally all show activity either regarding policy at national or EU level or other national/international activities ensuring consistency/complementarity in the field. Some projects shows very high activity at national and international policy level whereas others have led to national or international activities at programme and/or project level. However, there is no evidence of a more systematic approach in order to make sure that all relevant activities are taken into account.

8.3 Evaluation results

In the following, the data collected through document review, interviews and case studies are presented.

8.3.1 Document review

The Commission set out a framework for action in the field of public health in its Communication on 24 November 1993. Eight public health programmes were proposed in context of this framework. In a 1998-communication²⁷, the Commission stated that although the principles and underlying philosophy of the 1993-communication remained valid, priorities, structures and methods were all in need of fundamental review and reformulation. The Commission concluded that in order to build on what had been achieved, while taking proper account of the trends in health and the changing situation in the Community, a new public health policy was required.

²⁷ Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee of the Regions on the Development of Public Health Policy in the European Community.

The 2000-communication on the health strategy of the European Community

The 2000-communication on the health strategy of the European Community²⁸ set out a new health strategy with the aim to achieve a coherent and effective approach to health issues across all the different policy areas.

A key element of this strategy was a new public health framework, which included a proposal that led to the later adoption of a programme of Community action in the field of public health 2003-2008²⁹ - the PHP. The PHP was envisaged to provide significant added value while respecting the responsibilities of the Member States for the provision and delivery of health services and medical care. In addition to the PHP, the new framework also encompassed other legislative measures. These included the possibility of harmonising measures in the veterinary and phyto-sanitary fields, in the area of standards of quality and safety of organs and substances of human origin in relation to blood and blood derivatives. Moreover, it was intended to set up a new mechanism, the European Health Forum, to give the public health community at large an opportunity to play a role in the development of a health policy.

The strategy also included a number of specific measures to give effect to the requirement that "a high level of human health protection shall be ensured in the definition and implementation of *all* Community policies and activities".

First, proposals with particular relevance to health had to include an explanation of how health requirements had been addressed, normally by including a statement in the proposal's explanatory memorandum. The aim was to show how and why health considerations had been taken into account and the expected health impact.

Second, a priority task within the PHP would be to develop criteria and methodologies, such as appraisal guidelines and checklists, for evaluating policy proposals and their implementation. In addition, certain Community actions or policies could be singled out for a thorough impact assessment.

Third, the PHP included provisions for taking joint actions in cooperation with other Community programmes and agencies with the aim to develop inter-sectoral approaches to tackling major factors influencing health.

Finally, within the Commission, the mechanisms to ensure that health-related activities were properly coordinated were to be strengthened.

²⁸ Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee of the Regions on the Health Strategy of the European Community

²⁹ Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)

White Paper on an EU health strategy 2007-2013

In 2007, the White Paper on an EU health strategy 2007-2013 was adopted³⁰ which laid down the future directions and focus on EU health actions. The strategy proposes four core principles³¹ underpinning three strategic objectives³² as a focus of attention for the coming years. The strategy also outlines an implementation mechanism for cooperation between partners, reinforcing Health in All Policies, and increasing visibility and understanding about health at the Community level. The Commission promised to put forward a structured cooperation implementation mechanism to advise the Commission and to promote coordination between the Member States.

Court of Auditors: Consistency and complementarity of projects were not adequately monitored

As mentioned in section 6.3.1, the Court of Auditors (CoA) made an audit of the PHP in 2008³³. It concluded that the consistency and complementarity of projects were not adequately monitored.

According to the CoA, complementarity between projects and consistency within the overall project portfolio were lacking because of fragmentation, activity overlap and duplication of work and parallel implementation of similar actions.

The interim evaluation: consistency and complementarity with Member States were limited but some complementarity with other Commission policies and actions

The interim evaluation of the PHP undertaken in 2006³⁴ concluded that consistency and complementarity with Member States were limited by three factors. First, the information collected and used by Member States on public health varies. Second, the capacity of Member States to participate in agenda setting and in delivering public health gains varies. Third, priorities vary.

At the same time, the interim evaluation concluded that there was some complementarity with other Commission policies and actions. Some stakeholders stated that the extent to which the PHP interacted with other EC activities was limited and that more horizontal information exchange was needed. However, in other areas there was quite some interaction between different programmes, such as bioterrorism, pharmaceuticals and health information technologies.

³⁰ White Paper - Together for Health: A Strategic Approach for the EU 2008-2013

³¹ A strategy based on shared health values, health is the greatest wealth, health in all policies and strengthening the EU's voice in global health.

³² Fostering good health in an ageing Europe, protecting citizens from health threats and supporting dynamic health systems and new technologies.

³³ European Court of Auditors. The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

³⁴ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

High consistency/
complementarity to
other EU policies/
activities

8.3.2 Other EU policies/activities

In general, health is highly prioritised in the EU. This is not only reflected in the PHP but also in other EU policies/activities. One example is the Environment and Health Action Plan 2004-2010 (EHAP) which main purpose is to improve the health of European citizens by knowing exactly what impact environmental damage has on human health. Specific themes as e.g. Health theme (Translating research for human health; Optimising the delivery of healthcare to European citizens; Responding to emerging needs and unforeseen policy needs) under EHAP (FP7) and Long-term health impacts of exposure to environmental stressors (chemicals, air pollution and noise) under EHAP action 6 obviously are complementary to the actions in the PHP. Similarly, in both FP6 (Thematic priority 1. Lifesciences, genomics and biotechnology for health) and FP7 (Health theme) specific health related research areas have been prioritised as e.g. child health, ageing and gender aspects reflecting a clear consistency and complementarity with actions in the PHP. Furthermore, organisations such as the World Health Organisation (WHO), UNESCO and OECD also prioritise and focus on specific health policies/activities as e.g. ageing and child health (WHO), HIV and aids (UNESCO) and Improving health care efficiency and policy settings (OECD). All of these organisations is covering aspects of health both in Europe and the rest of the world.

8.3.3 Interviews with internal stakeholders

In the interviews we asked stakeholders how and to what degree consistency/complementarity is ensured between the programme's funded activities and other EU policies, nationally and internationally.

How and to which degree is consistency/complementarity ensured between the programme's funded activities and other EU policies, nationally and internationally?

Consistency/complementarity is not ensured in a systematic way

Evidence provided indicates that consistency/complementarity is not ensured in a systematic way, which is considered to be a weak point of the programme.

However, improvements have been made. Some stakeholders accentuated the work of the evaluation committee, which aims to avoid overlaps.

Some stakeholders pointed to the need for deeper involvement by other DGs and Member States. Inter-service consultations are already conducted today but are considered to occur too late in the process by some stakeholders. Furthermore, replies may be missing. More than today, inter-service consultations should provide input to the formulation of the programme and annual work plans (AWPs). Member States should also be involved earlier in the process.

Furthermore, it was mentioned that increased use of public consultations might be another way to ensure consistency/complementarity. However, public con-

sultations are very time consuming. Thus, such consultations should probably not be undertaken more often than every two to three years.

8.3.4 Case studies

In general, the project groups selected for in-depth study are in contact with other EU, national or international organisations to ensure consistency/complementarity with other activities in the field. However, there is no evidence of a more systematic approach in order to make sure that all relevant activities are taken into account. The results of the case studies with regard to consistency/complementarity are presented in more detail in appendix II.

Exposure of consistency/complementarity regarding the case studies was approached by searching the internet for activities/policies in the different case study areas and by contacting the national focus point (NFP) in the countries where the coordinators of the single case study were situated.

Internet search strategy	www.google.com was searched by using the following keywords: the name of the programme of interest combined with words 'programme' and 'policy' in combination; after that the relevant links were assessed for eligibility.
Interview of National Focal Points	<p>In all, eight NFPs were contacted for a telephone interview about their knowledge of the case study(ies) in their home country and about their knowledge of policies or activities, if any (national or international) following the case study project.</p> <p>It was not possible to establish contact with two of the approached NFPs (from Poland and France). The rest were interviewed by telephone; of these four (from Sweden, the Netherlands, Germany and United Kingdom) promised to mail information about eventual policies/activities, but only one did so (Germany).</p>
Knowledge of projects, policies/activities by NFPs	Only one NFP (from Germany) responded to the effect that they knew the project in their home country. The NFP from the Netherlands knew of ongoing activities whereas the rest of the NFPs had no knowledge of activities or policies initiated as a result of national case study projects. One of the reasons for the lack of knowledge of projects/activities/policies may be the relatively short periods of operation of the NFPs (less than a year, 1.5 years, 4 years).
Complementary programmes at national, EU and international level	By consulting national and international public health webpages, it was found that all case studies had left a mark, which was either reflected as policies or activities in the field of the single case study (Table 8-1)

Table 8-1 Complementary policies/activities related to each of the case studies.

Case study	Home country of coordinator/study	Policy/activity
Health Information Strand		
Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement	Poland	Policy: National Programme for Prevention of Alcohol-Related Problems 2006-2010 implemented by the State Agency for Prevention of Alcohol Related Problems (This national policy strategy is relevant for premature mortality since alcohol accounts for a high proportion of premature mortality in Central and Eastern Europe ³⁵)
Better statistics for better health for pregnant women and their babies: European health reports.	France	Activity at European level: EURO-PERISTAT has sought to build links with other research projects and networks that are adding to our knowledge about perinatal health. The following European initiatives have collaborated on producing this European Perinatal Health Report. Databases: SCPE, EUROCAT and EuroNeoStat
European surveillance of congenital anomalies (Phase 3)	United Kingdom	Activity at European level: 26th Registry Leaders' Meeting and 11th European Symposium on Prevention of Congenital Anomalies (EUROCAT).
Rare disease portal	France	Policy: French national plan for rare diseases http://www.eurordis.org/IMG/pdf/EN_french_rare_disease_plan.pdf Bulgaria: The adoption of a national plan for rare diseases http://www.raredis.org/pub/events/NPRD.pdf Greece on the way with on its own national plan for rare diseases http://www.eurordis.org/content/greece-way-its-own-national-plan-rare-diseases A national plan for rare diseases in Portugal http://www.rare-diseases.eu/2007/IMG/File/ecrd_chp03.pdf National plans for rare diseases: Ireland moving forward http://www.eurordis.org/content/national-plans-rare-diseases-ireland-moving-forward
Health threats strand		

³⁵ Int. J. Epidemiol. (2007) 36 (2): 458-467. doi: 10.1093/ije/dyl294

Case study	Home country of coordinator/study	Policy/activity
European living donation and public health	Spain	Policy: Proposal for a directive on standards of quality and safety of human organs intended for transplantation http://ec.europa.eu/prelex/detail_dossier_real.cfm?CL=en&DosId=197723
JACIE	The Netherlands	Policy/activity: In 2009, 43 centres applied to JACIE for the first time and a further 14 for reaccreditation making last year the busiest yet for applications. In 2009, 27 centres achieved accreditation for the first time and 15 centres were reaccredited. This compares with 39 first-time accreditations and 5 reaccreditations in 2008. http://www.ebmt.org/enew/march2010/jacie.html JACIE interacts with a number of regulatory authorities on a variety of levels including regulations (France, Italy, Switzerland, the Netherlands), guidelines (UK) and collaboration (Italy, Spain). http://www.jacie.org/portal/en/public/regulators
The public health response to chemical incident emergencies	United Kingdom	Activity: European training for health professionals on rapid response to health threats http://euprojects.org/ethreat.info/index.htm
MASs - casualties and health care following the release of toxic chemicals or radioactive materials	Sweden	Activity: Nuclear Medical defense conference and EU-MASH symposium http://www.radiation-medicine.de/uploads/media/Program_2009.pdf
Health determinants strand		
European centre AIDS and mobility (A&M)	The Netherlands	Policy/activity: European AIDS treatment group has announced AIDS & Mobility Policy Seminar: http://www.eatg.org/eatg/Events/Upcoming-events/Aids-Mobility-Policy-Seminar-30th-November-Brussels The INTEGRATION project with the purpose to support community-based mobilisation on HIV/AIDS and related issues in Central and Eastern Europe: http://www.integration-projects.org/
European network for transnational AIDS/STI prevention among migrant prostitutes	The Netherlands	Activities: Joint United Nations programme on HIV/AIDS "HIV and sexually transmitted infection prevention among sex workers in Eastern Europe and Central Asia" : http://data.unaids.org/publications/IRC-pub07/jc1212-hivpreeasterneurcentrasia_en.pdf Links on trafficking of women:

Case study	Home country of coordinator/study	Policy/activity
		<p>http://www.lige.dk/files/pdf/linksamlingkvindehandel.pdf</p> <p>Medical Advocates: http://www.medadvocates.org/marg/sexworkers/national/europe.html</p> <p>UK Network of sex work project (UKNSWP): http://www.uknswp.org/a_activities.asp</p>
European network on drugs and infections prevention in prison	Germany	<p>Activities:</p> <p>Ninth European conference on drugs and infections prevention in prison: http://www.soros.org/initiatives/health/focus/ihrd/events/endipp_20060307</p> <p>The CONNECTION project. One of the main objectives of the CONNECTIONS project is to inform policy development at EU level in the area of drugs and HIV/AIDS (and other drug related infectious diseases) prevention in prison and in the criminal justice system with focus on policy development at national level through pilot projects on harm reduction and the criminal justice system in Hungary, Poland and Romania (HCLU, Probacja, ARAS): http://www.connectionsproject.eu/activities</p> <p>NFP comment:</p> <p>"There have been some policy activities in the field of "prison health", which has been associated with ENDIPP and its results. First of all the ENDIPP/WHO-database concerning prison health, which helps us as a Federal Institution to get data-information about the situation in the German prisons, which are in the responsibility of the Bundes Laender. Some of the results of the ENDIPP-project we discussed with the committee of the Laender for the penal system in Germany and during a meeting with the responsible persons for medical attendance in prison. In addition, we used the results of ENDIPP within the scope of some conferences with the topic prison health and/or substitution treatment in Germany. We promote a conference in Hamburg in January 2011, where the specialists of the institutions for the so called "Maßregelvollzug" (a two year method of a compulsory treatment for alcohol or drug addicts) going to discuss the possibilities of substitution in the "Maßregelvollzug". The results of ENDIPP also influenced the German position in the platform "Criminal Justice" (Pompidou Group, Council of Europe)".</p>
Democracy, cities and drugs II	France	<p>Policies/activities:</p> <p>Safer nightlife and policies at the EU level (5th meeting EXASS network): http://www.coe.int/t/dg3/pompidou/Source/Activities/EXASS/Guide_SaferNightLife_Print_en.pdf</p> <p>New EU drugs action plan has been adopted: http://www.eukn.org/E_library/Security_Crime_Prevention/Anti_Crime_Policy/Drug_Crime/New_EU_drugs_action_plan_adopted</p>

Case study	Home country of coordinator/study	Policy/activity
		European monitoring centre for drugs and drug addition has presented every year annual report "The state of the drug problem in Europe"(includes chapter "policy and law"): http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w36 http://www.emcdda.europa.eu/policy-and-law

It is not surprising that analysing complementarity at policy, programme and project level respectively shows that only few of the case studies display complementarity at all levels. However, all case studies have generated at least one activity in the related field. An example at policy level is the case study "Closing the gap - reducing premature mortality. The baseline for monitoring health evolution following enlargement" has been reflected in a national policy and in the "Rare disease portal" case study a number of national policy has followed the case study whereas an EU policy was inspired by the case study "Democracy, cities and drugs II". In the same way, many of the projects have led to national or international activities at programme or project levels, including the case studies "European surveillance of congenital anomalies (Phase 3)", "The public health response to chemical incident emergencies" or "MASs - causalities and healthcare following the release of toxic chemicals or radioactive materials". Finally some case studies have contributed to both policies and activities as e.g. "JACIE", "European centre AIDS and mobility (A&M)" and "Democracy, cities and drugs II".

Even though national and international public health web pages and NFPs were consulted, it is feasible that not all policies/activities based on the case studies have emerged in our search and interviews. Furthermore, despite all the case study projects have been terminated, policies/activities may still be emerge as a result of the case studies given that policy making is often a lengthy process.

Table 8-2 presents the scores for each of the case study according to consistency/complementarity accompanied with brief rationales for the scores.

Table 8-2 Scoring of case study consistency/complementarity

Case study	Score	Rationale
Health information		
Comparable European information		
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	2	A national policy is developed whereas there is lack of international policy activities as well as national and international activities
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	3	EU policy is developed as well as European activities and collaboration e.g. cross country databases
Creation & support of knowledge management networks		
European Surveillance of Congenital Anomalies (Phase 3)	1	Activity at European level (International conference).. Lack of policy actions and national activities
Rare Diseases Portal	3	Several national policies are developed. Lack of activities.
Health threats		
Organs		
European Living donation and public Health	1	EU policy proposal. No other policy initiatives or activities.
JACIE - Joint Accreditation Committee ISCT EBMT	4	Several national and international policy initiatives and activities.
Chemical threats		
The Public Health Response to Chemical Incident Emergencies	1	Only activity is a training seminar.
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	1	Only activity is a conference.
Health determinants		
HIV/AIDS		
European Centre AIDS & Mobility A&M	2	European policy seminar and European integration project
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	2	European and international joint programme. No policy initiatives.
Addictions - drugs		
European Network on Drugs and Infections Prevention in Prison	3	European conference and several policy initiatives.
Democracy, Cities & Drugs II	3	EU policies are developed as well as a European monitoring centre.

9 The EU level public health initiative - support/involvement of the PHP

9.1 Background and focus

Evaluation questions

The issues of support/involvement of the Public Health Programme (PHP) have been addressed by the following evaluation questions:

Evaluation questions

Q12: To what extent are stakeholders familiar with the EU public health policy in general and the way the programme supports this policy?

Q13: To what extent do differences between Member States create barriers to access to/involvement in the PHP?

Q14: How are the needs of the different Member States translated in terms of a) priorities and b) involvement in projects?

The evaluation of support and involvement firstly focus on the stakeholders' familiarity with the EU public health policy and the PHP. Secondly, the focus is on the involvement in the programme in terms of level of funded activities geographically and Member States' (Programme Committee) involvement in the implementation of the programme.

In addition, the legal base for the PHP emphasises that cooperating with international organisations is a vital means of developing, implementing, and promoting the EU public health agenda, and for sharing health policy solutions, experiences and responses at global level. While the consistency and complementarity of the PHP with programmes and policies at the international level was addressed in the previous chapter, the focus here is on the international dimension in the actual project cooperation.

9.2 Summary - support/involvement

Q12: To what extent are stakeholders familiar with the EU public health policy in general and the way the programme supports this policy?

According to the e-survey, most of the stakeholders are familiar with the EU public health policy in general. They are also familiar with the general programme objectives and annual priorities of the PHP but to a somewhat lesser extent.

Generally, beneficiaries feel more familiar in this area than other stakeholders. The group of other stakeholders cover stakeholders from different organisations. Other stakeholders employed by international organisations are in general very familiar with the EU public health policy and the way the programme supports this policy. It may be somewhat surprising that other stakeholders employed in the public administration of the Member States are more familiar with the EU public health policy, general programme objectives and annual priorities of the PHP than the e-survey results indicated.

According to the case studies, the projects selected for in-depth study do ensure participation at the national level, e.g. by appointing national coordinators. National coordinators have special knowledge of the terrain of decision-making and relevant stakeholders in their own country, including stakeholders employed in the public administration of the Member States; a knowledge which can be used to ensure a more targeted and effective dissemination effort.

Q13: To what extent do differences between Member States create barriers to access to/involvement in the PHP?

A count of projects funded according to the country of the project coordinator shows that most projects are coordinated by the old EU Member States in comparison with the new Member States and candidate countries. Furthermore, there is a tendency towards a lower number of funded projects with coordinators from the peripheral regions of the EU. The picture is the same in terms of EC contribution.

The interim evaluation of the PHP undertaken in 2006 concluded that the capacity of Member States to participate varies, with new Member States, in particular, tending to follow the lead of Member States with a greater capacity to drive the agenda of the PHP.

According to the e-survey, most beneficiaries have met barriers to receiving funding (language, procedures, cultural differences, new/old EU membership). From the viewpoint of most other stakeholders, there are indeed barriers to receiving funding.

According to the case studies, a wider European outreach (participation of all 27 Member States) may in some cases be promoted by allowing the EU to finance more than 60 per cent of selected project costs, e.g. costs related to meetings which have been set up to gather representatives from each Member State to inform and involve them in the project.

The case studies show that the number of new Member States participating in the projects is highest in the area "Creation and support of knowledge and management networks" under the health information strand, but the percentage is highest in the case study area "Organs". Both number and percentage of new Member States are relatively high in the case study area "HIV/AIDS".

Q14: How are the needs of the different Member States translated in terms of a) priorities and b) involvement in projects?

Based on the e-survey, it seems that national needs are reflected in the priorities of the annual work plans (AWPs) - at least to some extent.

At the same time, the interviews indicate that the procedure for drawing up the AWPs is not appropriate. It was mentioned that the Programme Committee members receive a draft too late in the process to influence the contents. Furthermore, the procedure may to the establishment of an excessive number of priorities.

The interviews point to differences in the participation/involvement of Programme Committee members. Differences between countries may reflect differences in the importance attached to the programme by national systems and individual factors.

The case studies point in the same direction. Thus, the national efforts to actual participate in the project - when a partner of the project/member of a network - vary between countries depending on specific national interests in the topic at hand. Personal factors may also play an important role.

The case studies do not provide evidence of the extent to which national interests are taken into account in the implementation of the projects. It is important to enhance the potential use of results at the national level. Furthermore, taking into account national interests may improve the chances of obtaining national funding. In general, it is important to raise awareness among national stakeholders that complementary funding is necessary and highly supportive.

9.3 Evaluation results

In the following, the data collected through document review, e-survey, interviews and case studies are presented.

9.3.1 Document review

Reports on the implementation of the PHP: Calls for proposals are oversubscribed

Calls for proposals are generally oversubscribed. In 2006, 281 project applications were submitted for the three strands (121 for the health information strand, 18 for the health threat strand and 142 for the health determinants strand)³⁶. Grant agreements were signed for a total of 87 projects (32 on health information, 12 on health threats and 43 on health determinants). In 2007, the picture was similar. Totally 222 applications were submitted for the three strands (93 for the health information strand, 17 for the health threats strand and 112 for the health determinants strand)³⁷. As a result of the evaluation process, a list of 63 projects (23 on health information, 11 on health threats and 29 on health determinants) and a reserve list of 11 projects (8 on health information and 3 on health determinants) was drawn up.

Court of Auditors: The programme brought stakeholders from different countries together

As mentioned in section 6.3.1, the Court of Auditors (CoA) made an audit of the PHP in 2008³⁸. It concluded that the programme brought stakeholders from different countries together. The majority of coordinators and partners of the projects audited gave very positive assessments of cooperation in the partnerships. Many respondents to the survey stressed the partnership as one of the most important aspects of the project because of the possibility of making contacts, exchanging ideas and sharing experience and 'good practices'.

The interim evaluation: The capacity to participate varies between Member States

The interim evaluation of the PHP undertaken in 2006³⁹ concluded that the capacity of Member States to participate varies with new Member States, in particular, tending to follow the lead of Member States with a greater capacity to drive the agenda of the PHP. Furthermore, it was noted that the political focus on public health differs across Member States.

Figure 9-1 shows the total number of projects funded under the PHP 2003-2007 according to the country of the project coordinator. The figure illustrates that most of the projects funded had coordinators from the old EU Member States. Furthermore, there is a tendency towards a lower number of projects being funded with coordinators from the peripheral regions of the EU.

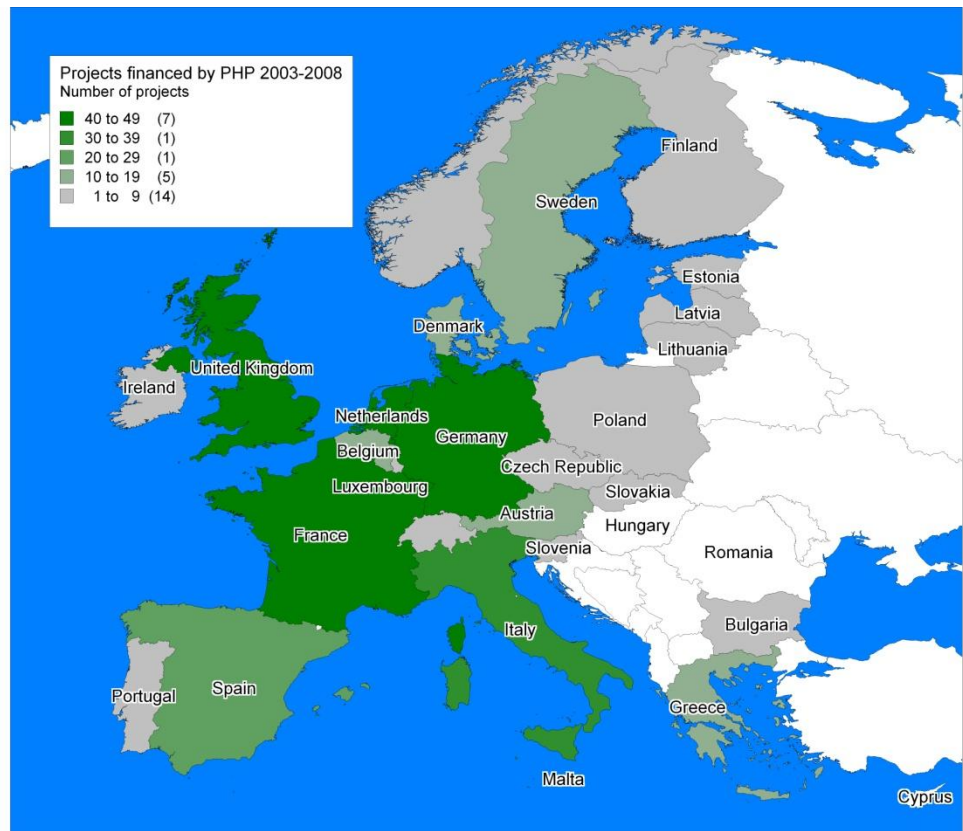
³⁶ Report from the commission to the European Parliament and the Council – Implementation of the Public Health Programme 2006

³⁷ Report from the commission to the European Parliament and the Council – Implementation of the Public Health Programme 2007

³⁸ The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

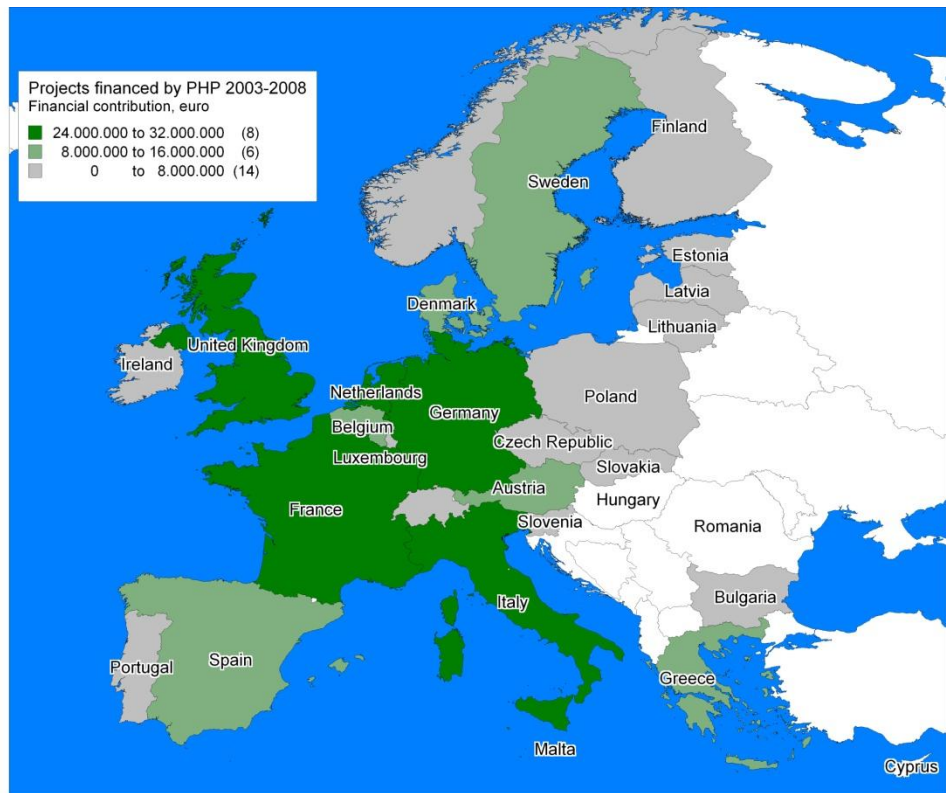
³⁹ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

Figure 9-1 Number of projects funded under the PHP according to coordinator country



The picture is the same when looking at EC contribution to projects. Figure 9-2 illustrates the EC contribution to funded projects under the PHP 2003-2007 according to coordinator country.

Figure 9-2 EC contribution to projects funded under the PHP according to coordinator country



9.3.2 E-survey

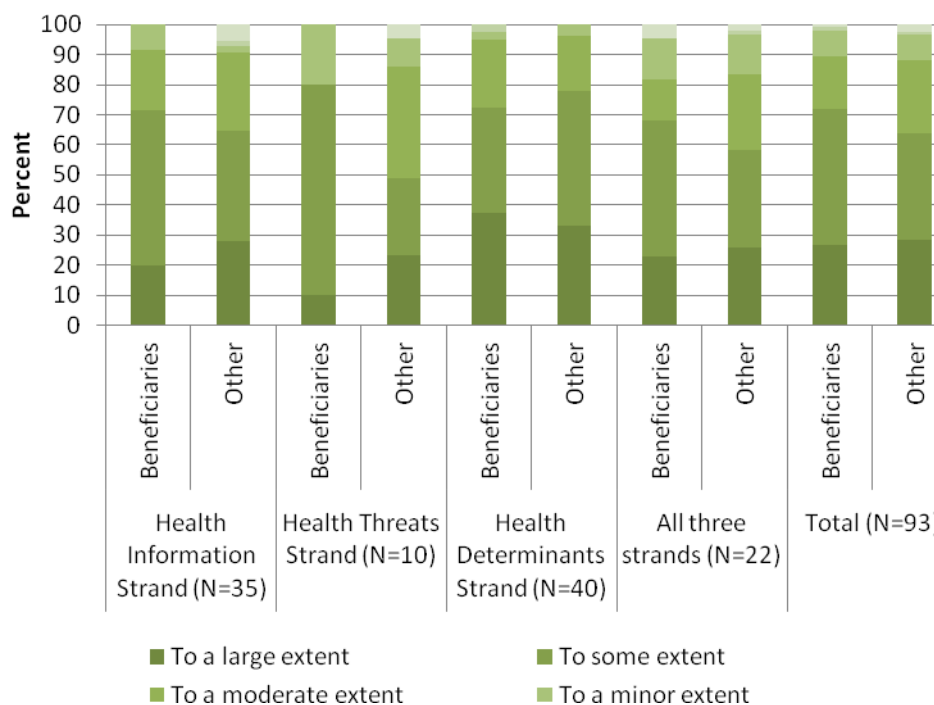
In the following, the results of the e-survey are described. In the e-survey, we asked respondents about familiarity with EU public health policy in general, general PHP programme objectives and the annual priorities of the PHP. Furthermore, we asked respondents about barriers to receiving funding and the extent to which national needs were reflected in the priorities of the annual work plans (AWPs).

Familiarity with EU public health policy in general

Most of the stakeholders are familiar with the EU public health policy in general

Most of the stakeholders who participated in the e-survey are familiar with the EU public health policy in general. Only 0.9 per cent of the stakeholders stated that they were not familiar with EU public health policy at all while 2.2 per cent did not know.

Figure 9-3 Familiarity with the EU public health policy in general among beneficiaries and stakeholders respectively according to strand



Beneficiaries

A similar picture is seen for the beneficiaries as a separate group (Figure 9-3). Only 1.1 per cent of the beneficiaries in total (all belonging to the health determinants strand) stated that they were not familiar with the EU public health policy at all while 1.1 per cent did not know. Overall, 72.1 per cent of the beneficiaries who participated in the e-survey stated that they were familiar with the EU public health policy in general to some (45.2 per cent) or to a large extent (26.9 per cent). The percentage was 80 per cent for the beneficiaries belonging to the health threats strand, while it was 72.5 and 71.4 per cent for the health information and health determinants strand respectively.

Other stakeholders

Most other stakeholders are also familiar with the EU public health policy in general (Figure 9-3). However, they seem to feel slightly less familiar with the EU public health policy compared to the beneficiaries. Overall, 64 per cent of the stakeholders, other than beneficiaries, who participated in the e-survey stated that they were familiar with the EU public health policy in general to some (35.6 per cent) or to a large extent (28.4 per cent). The percentage was 78 per cent for the other stakeholders working in the health determinants strand, while it was 64.8 and 48.9 per cent for the health information and health threats strand respectively. Only 0.9 per cent of the other stakeholders in total (all working in the health information strand/all three stands) stated that they were not familiar with the EU public health policy at all while 2.5 per cent did not know.

Other stakeholders employed in an international organisation seem to feel most familiar with the EU public health policy in general. It may be somewhat surprising that other stakeholders employed in the public administration of the Member States do not feel more familiar with the EU public health policy than found in the e-survey. Overall, 58.4 per cent of these stakeholders who participated in the e-survey stated that they were familiar with the EU public health policy in general to some (36.6 per cent) or to a large extent (21.8 per cent). Hence, there is scope for DG SANCO in improving coordination and consistency between EU and national health policies.

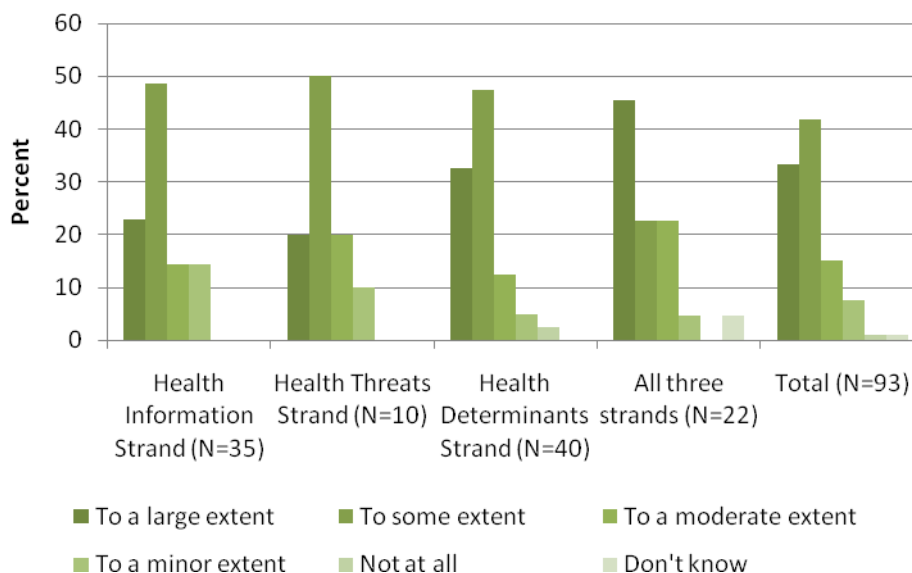
Familiarity with general programme objectives of the PHP

Most stakeholders are familiar with the general PHP programme objectives
Beneficiaries

Most stakeholders are familiar with the general programme objectives of the PHP 2003-2008. Only 1.9 per cent was not familiar with the general programme objectives at all and 3.4 per cent did not know.

When looking at the beneficiaries as a separate group, 1.1 per cent stated that they were not familiar with the general programme objectives at all (all from the health determinants strand) and 1.1 per cent did not know (Figure 9-4). Overall, 75.2 per cent of the beneficiaries who participated in the e-survey stated that they were familiar with the general programme objectives to some (41.9 per cent) or to a large extent (33.3 per cent). The percentage was 71.5 per cent, 70 per cent and 70 per cent for beneficiaries belonging to the health information, health threats and health determinants strand respectively.

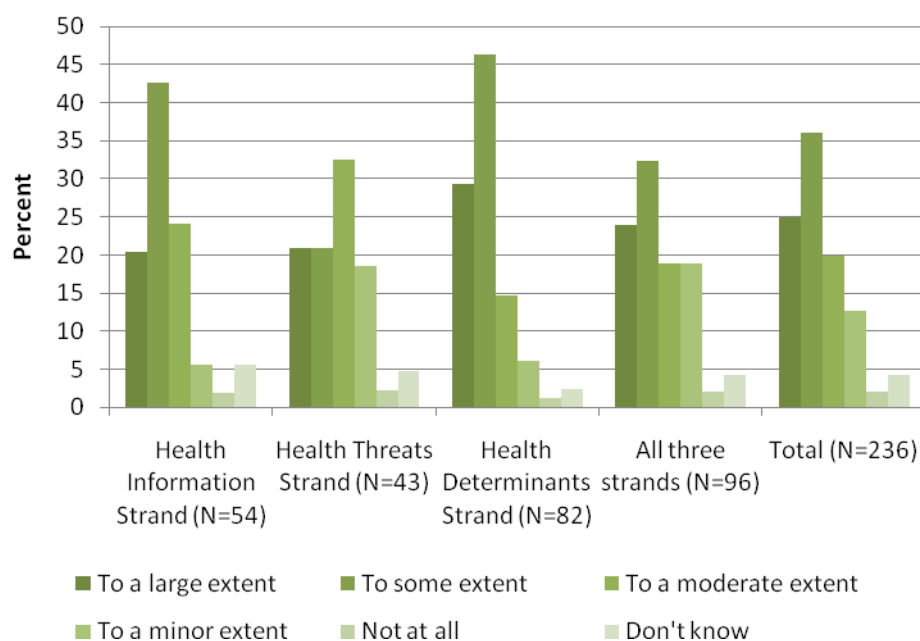
Figure 9-4 Familiarity with the general programme objectives among beneficiaries according to strand



Other stakeholders

Most other stakeholders are also familiar with the general programme objectives (Figure 9-5). However, they seem to feel less familiar with the general programme objectives compared to the beneficiaries. Overall, 61 per cent of stakeholders other than beneficiaries who participated in the e-survey stated that they are familiar with the general programme objectives to some extent (36.0 per cent) or to a large extent (25 per cent). The percentage was 75.6 per cent for the other stakeholders working in the health determinants strand, while it was 63.0 and 41.8 per cent for the health information and health threats strand respectively. 2.1 per cent of the other stakeholders in total stated that they were not familiar with the general programme objectives at all while 4.2 per cent did not know.

Figure 9-5 Familiarity with the general programme objectives among other stakeholders according to strand



As for the EU public health policy in general, other stakeholders employed in international organisations seem to be most familiar with general programme objectives. Again, it is somewhat surprising that other stakeholders employed in the public administration of the Member States are not more familiar with general programme objectives than found in the e-survey.

Familiarity with the annual priorities

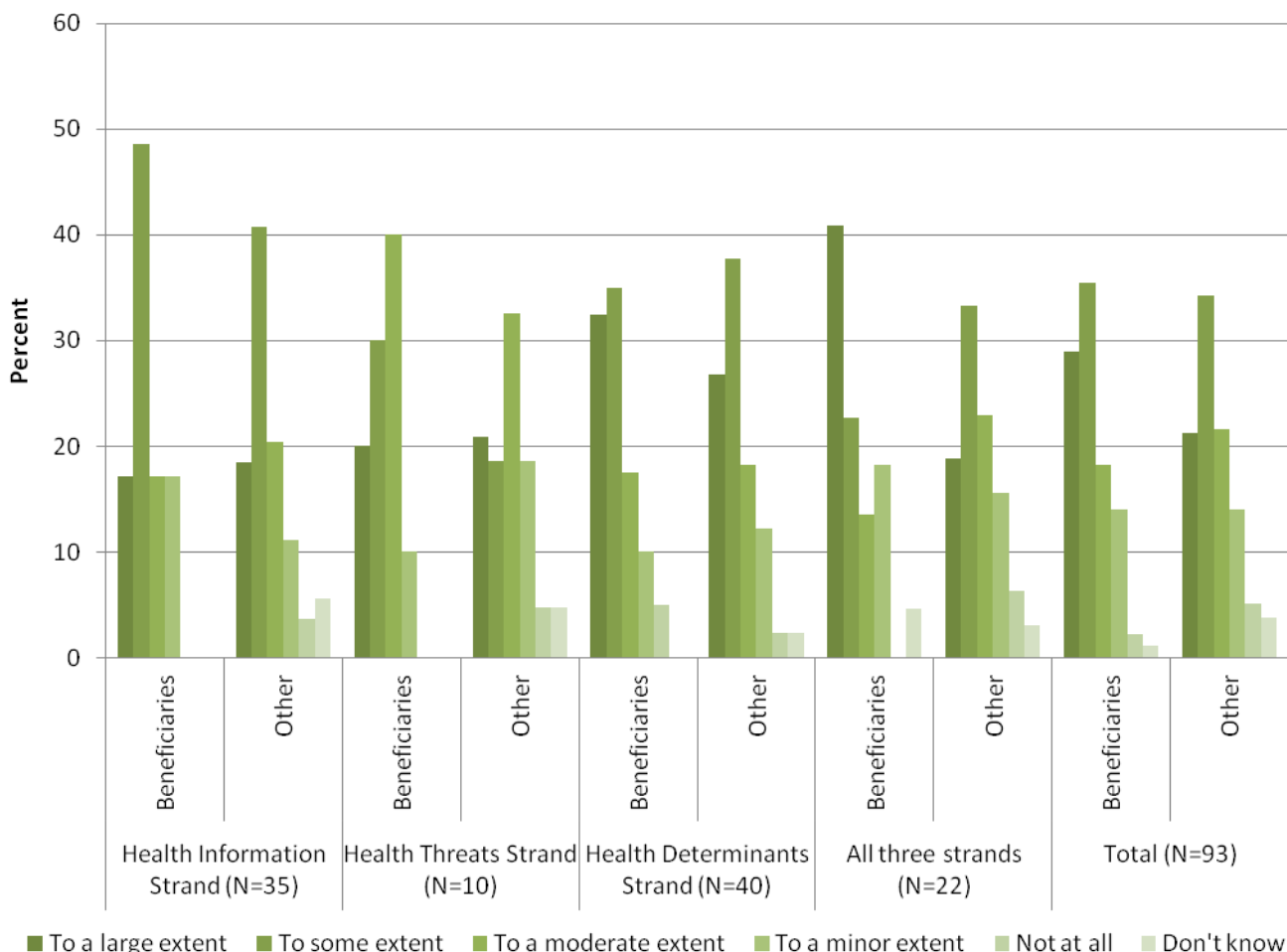
Most stakeholders are familiar with PHP annual priorities

Most stakeholders are familiar with the annual priorities of the PHP 2003-2008. However, it seems to be to a somewhat lesser extent than for the EU public health policy in general and the general programme objectives. Overall, 4.4 per cent did not feel familiar with the annual priorities at all, and 3.1 per cent did not know.

Beneficiaries

When looking at the beneficiaries as a separate group, 2.2 per cent stated that they were not familiar with the annual priorities (all from the health determinants strand) and 1.1 per cent did not know (Figure 9-6). Overall, 64.5 per cent of the beneficiaries who participated in the e-survey stated that they were familiar with the annual priorities to some (35.5 per cent) or to a large extent (29 per cent). This is somewhat lower than for the EU public health policy in general and general programme objectives. The percentage was 65.7 per cent, 50 per cent and 67.5 per cent for beneficiaries belonging to the health information, health threats and health determinants strand respectively.

Figure 9-6 Familiarity with the annual priorities of the PHP among stakeholders



Other stakeholders Most other stakeholders are also familiar with the annual priorities (Figure 9-6). However, they seem to feel less familiar with the annual priorities compared to the European public health policy and general programme objectives and compared to the beneficiaries. Overall, 55.5 per cent of stakeholders other than beneficiaries who participated in the e-survey stated that they were familiar with the annual priorities to some (34.3 per cent) or to a large extent (21.2 per cent). The percentage was 64.6 per cent for the other stakeholders working in the health determinants strand, while it was 59.2 and 39.5 per cent for the health information and health threats strand respectively. 5.1 per cent of the other stakeholders in total stated that they were not familiar with the annual priorities at all while 3.8 per cent did not know.

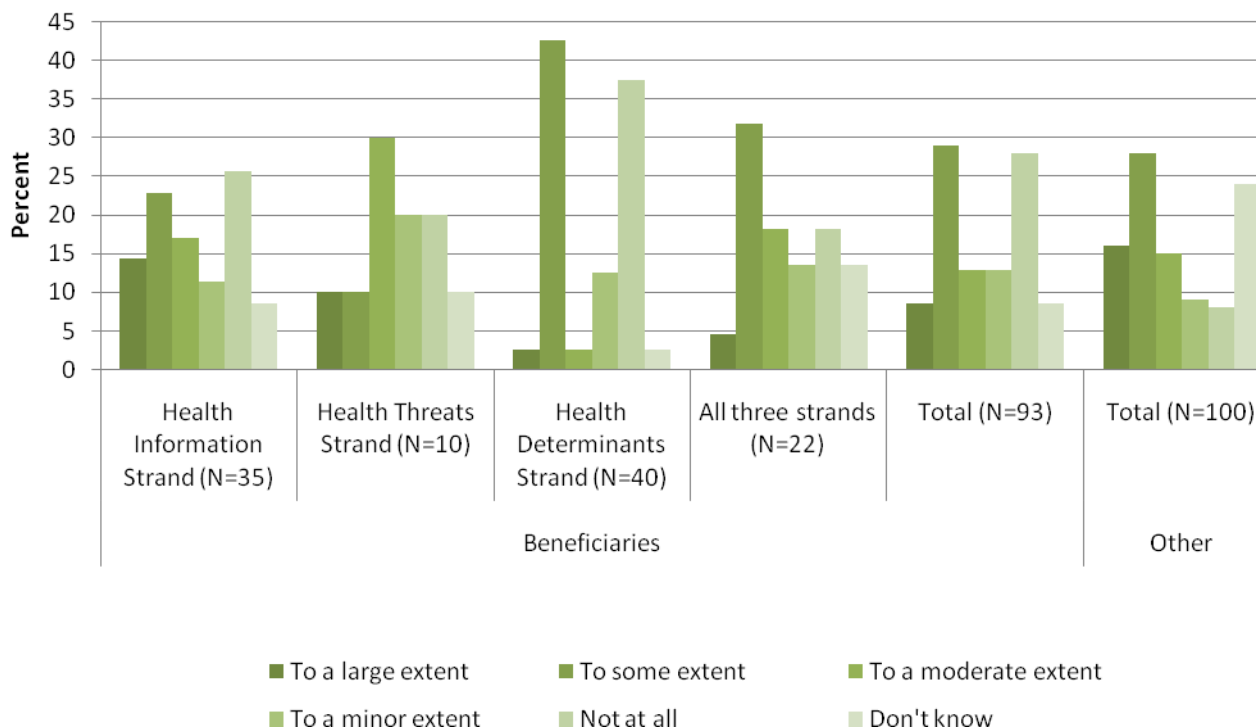
As to the EU public health policy and general programme objectives, other stakeholders employed in international organisations seem to be most familiar with the annual priorities. Again, it may be somewhat surprising that other stakeholders employed in the public administration of the Member States are not more familiar with annual priorities than found in the e-survey.

Barriers to receiving funding

Most beneficiaries have met barriers to receiving funding

Most beneficiaries have met barriers to receiving funding (language, procedures, cultural differences, new/old EU membership) (Figure 9-7). Thus, 63.4 per cent of the beneficiaries who participated in the e-survey stated that they had met barriers to receiving funding, hereof 29 per cent to some extent. 28 per cent stated that they had not met barriers to funding at all, and 8.6 per cent did not know. The percentage of beneficiaries who had met barriers to funding was highest for the health threat strand (70 per cent) and lowest for the health determinants strand (60 per cent).

Figure 9-7 Barriers to receiving funding met by the beneficiaries according to strand



Most other stakeholders also believe there are barriers to funding

From the viewpoint of most other stakeholders, there are barriers to receiving funding. 68 per cent of the other stakeholders who participated in the survey stated that, to their knowledge, there are barriers to receiving funding. Only 8 per cent stated that, to their knowledge, there were no barriers at all while 24 per cent did not know.

National needs are reflected in the AWP

National needs reflected in the AWP

Half of the public administrators who participated in the e-survey stated that national needs were reflected in the priorities of the annual work plans (AWPs) to some extent (20 per cent) or moderate (30 per cent) extent. Nobody held the view that the national needs had not been reflected in the AWP at all. 20 per cent did not know.

9.3.3 Interviews with internal stakeholders

In the interviews, we asked whether the procedures for drawing up the annual work plans (AWPs) are appropriate, whether national needs and priorities are reflected in the AWP, and whether there are differences in the participation/involvement level among Member State representatives of the Programme Committee.

	Do you believe that the procedures for drawing up the AWP are appropriate, and are national needs and priorities reflected in the AWP?
The procedure for is not appropriate	Most of the interviewed stakeholders do not find that the procedure for drawing up the AWP is appropriate.
Too many priorities	One stakeholder mentioned that the procedure leads to a pressure for inclusion of too many priorities in the AWP, which was considered an undesirable consequence of an 'internal democracy process' with the aim to consider all interests.
Stakeholder surveys	Stakeholder surveys were accentuated as an important instrument to ensure stakeholders' input.
The Programme Committee members receive a draft too late	Some stakeholders mentioned that the Programme Committee members receive a draft of the AWP too late in the process to influence the contents. One stakeholder suggested that the Programme Committee members make the final decision on the priorities of the AWP instead of the Commission Director, as is the case today. However, this would probably not solve the problem of too many priorities.
The need to reserve funds for new issues	Another stakeholder mentioned that the possibility to award funding to new issues is reduced because the AWP have to be drawn up the year before. This could be solved by earmarking some of the budget for such issues.

Are there any significant differences in the participation/involvement level among Member State representatives of the Programme Committee?

	Through participation in the Programme Committee, the Member States have the possibility to influence the implementation of the programme.
Differences in participation between among Programme Committee members	Evidence indicates significant differences in the level of participation/involvement level among Member State representatives. Differences between countries may reflect differences in the importance attached to the programme by national systems and individual factors. Furthermore, it was mentioned that the frequent turnover of Committee members has a negative impact on the activity level. One stakeholder stated that Programme Committee members often do not consult operating stakeholders at the national level. The introduction of joint actions as a new instrument could possibly solve this problem.

9.3.4 Case studies

The projects selected for in-depth study do ensure participation at national level

In general, the projects selected for in-depth study do ensure participation at national level. In some cases, this is done by appointing national coordinators who are (partly) responsible for the collection and dissemination information in their own country. This improves the quality of the collected information and allows for a more targeted dissemination effort.

More than 60 per cent co-financing to promote a wider European outreach

In some cases, a wider European outreach (participation of all 27 Member States) may be promoted by allowing the EU to finance more than 60 per cent of selected project costs. Today the 40/60 per cent funding is applied to every activity of a project, including meetings which have been set up to gather representatives from each Member State to inform and involve them in the project. However, a maximum co-financing of 80 per cent of the eligible costs can be financed if the project has significant European added value/is of exceptional utility.

The national efforts to actual participate in the project - when a partner of the project/member of a network - vary across countries depending on specific national interests in the topic at hand. Personal factors may also play an important role.

The case studies do in general not provide evidence of whether and to what extent the results of the projects are used at the national level. Neither is evidence provided as to what extent national interests are taken into account in the implementation of the projects. The latter is important to increase the potential use of results at the national level. Furthermore, taking into account national interests may improve the chances of obtaining national funding. In general, it is important to raise awareness among national stakeholders that complementary funding is necessary and highly supportive.

Table 9-1 presents the scores for each of the case study according to support/involvement accompanied with brief rationales for the scores.

Table 9-1 Scoring of case study support/involvement

Case study	Score	Rationale
Health information		
Comparable European information		
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	2	The project organisation lacks to some degree representation of central participants from some EU Member States. The main beneficiary was from Poland. There were no associated partners. The main geographic area of interest for the project was the 10 new Member States. EU15 countries (the old Member States) were used primarily for comparison purposes
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from France. There were five associated partners from four Member States. The information collected covered 25 Member States and Norway.
Creation & support of knowledge management networks		
European Surveillance of Congenital Anomalies (Phase 3)	4	The project organisation involves the right partners from EU Member States. The main beneficiary was from UK. There were 45 associated partners from 19 Member States and Norway.
Rare Diseases Portal	4	The project organisation involves the right partners from EU Member States. The main beneficiary was from France. There were 19 associated partners from 18 different Member States and Turkey.
Health threats		
Organs		
European Living donation and public Health	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from Spain. There were 11 associated partners from 10 Member States and Norway.
JACIE - Joint Accreditation Committee ISCT EBMT	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from the Netherlands. There were six associated partners from six Member States. JACIE standards are used in 17 countries.
Chemical threats		
The Public Health Response to Chemical Incident Emergencies	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from UK. There were five associated partners from five Member States.
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from Sweden. There were six associated partners from five Member States.
Health determinants		
HIV/AIDS		
European Centre AIDS & Mobility A&M	4	The project organisation involves the right partners from EU Member States. The main beneficiary was from the Netherlands. There were 18 associated partners from 14 different Member States and Norway. The A&M network included 25 countries.
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	4	The project organisation involves the right partners from EU Member States. The main beneficiary was from the Netherlands.

		There were 22 associated partners from 20 different Member States and Norway. The TAMPEP network included 24 countries.
Addictions - drugs		
European Network on Drugs and Infections Prevention in Prison	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from Germany. There were nine associated partners from seven Member States. The ENDIPP network included 24 countries.
Democracy, Cities & Drugs II	3	The project organisation has a satisfactory representation of central participants from some EU Member States. The main beneficiary was from France. There were 11 associated partners from six Member States. The network included 53 cities or regions.

9.3.5 International dimension

Legal base and AWP

To complement the above evaluation results for the participation of stakeholders from different countries in the PHP-supported projects, the aim of this brief section is to shed light on the extent of cooperation with international organisations. Such cooperation is emphasised in the legal base for the PHP and in the AWP.

Direct grant agreements

Firstly, international cooperation has directly been ensured by direct grant agreements with international organisations, for example the WHO, the UN, and the OECD. Furthermore, many of the actions supported via direct grant agreements address international/global health issues such as pandemics, nutrition, HIV/AIDS, and health inequality. Hence, they are assessed to complement the PHP projects well, as these often have a more narrow European focus. This said and as shown in Table 6-1 and Table 6-2 in Chapter 6 of this evaluation report, only 16 direct grant agreements were made during 2003-2007 compared with a total of 363 grants awarded (325 projects, 22 service contracts, and 16 direct grant agreements). Measured via EC contributions, the 16 direct grant agreements used EUR 7.2 million out of the total EC spending of EUR 228.2 million. However, recent figures suggest that their share will be higher in the present health programme period.

Participation in projects

Secondly, some of the participants in the 325 projects and 22 service contracts are from international organisations. Since, it has not been feasible to examine all project documents within the scope of the present evaluation, the best estimate of the share of participants coming from international organisations arises from the responses of to the e-survey, where participants were requested to categorise themselves. Just above 11 per cent specified that they were employed in international organisations.

Indications of the extent of participation by international organisations are also provided by the case studies. Table 9-2 shows that only four out of the twelve

case study projects had participants from international organisations - ranging from one to three participants.

Table 9-2 Participation of international organisations in case study projects

Case study area	Case study project	No of participants	International organisations
Health information			
Comparable European information	Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	10	<i>none</i>
	Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	6	<i>none</i>
Creation & support of knowledge management networks	European Surveillance of Congenital Anomalies (Phase 3)	46	Dublin EUROCAT Registry
	Rare Diseases Portal	20	<i>none</i>
Health threats			
Organs	European Living donation and public Health	12	<i>none</i>
	JACIE - Joint Accreditation Committee ISCT EBMT	7	European Group for Blood and Marrow Transplantation
Chemical threats	The Public Health Response to Chemical Incident Emergencies	6	
	Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	7	<i>none</i>
Health determinants			
HIV/AIDS	European Centre AIDS & Mobility A&M	19	<i>none</i>
	European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	23	TAMPEP International Foundation Red Cross (Luxembourg)
Addictions - drugs	European Network on Drugs and Infections Prevention in Prison	10	<i>none</i>
	Democracy, Cities & Drugs II	12	European Forum for Urban Safety - FESU European Treatment Centres for Drug Addiction - EURO-TC IREFREA

10 Monitoring of the PHP

10.1 Background and focus

Evaluation question

Monitoring of the Public Health Programme (PHP) has been addressed by the following evaluation question:

Evaluation questions

Q15: Does the current monitoring system deliver the information needed to support sound implementation of the programme?

In the PHP programme decision, it is stated: *"1. The Commission, in close co-operation with the Member States, shall regularly monitor, where appropriate with the help of experts, the implementation of the actions of the programme in the light of the objectives. It shall report annually to the Committee. The Commission shall transmit a copy of its main findings to the European Parliament and to the Council. 2. At the request of the Commission, Member States shall submit information on the implementation and the impact of this programme."*

It is in this context that the evaluation of the current monitoring system of the programme has been undertaken.

10.2 Summary - monitoring

Q15: Does the current monitoring system deliver the information needed to support sound implementation of the programme?

In 2008, the Court of Audit concluded that the indicators at programme level were inadequate to monitor achievements. Furthermore, the CoA concluded that there was no systematic monitoring of actions already undertaken in the different priority areas, which sometimes led to duplication of work.

Evidence provided by interviews with internal stakeholders indicates that - even though there are procedures in place to ensure information flows - more information is warranted, e.g. on the results and the implementation of the programme at both EU and national levels. However, reporting by the EAHC is restrained by lack of available resources.

10.3 Evaluation results

In the following, the data collected through document review and interviews are presented.

10.3.1 Document review

Court of Auditors: indicators at programme level were inadequate to monitor achievements

As mentioned in section 6.3.1, the Court of Auditors made an audit of the PHP in 2008⁴⁰. It concluded that the indicators at programme level were inadequate to monitor achievements. Indicators should be defined both for impact (difference made to the target group) and for output (means through which the difference will be brought about).

Furthermore, the CoA concluded that there was no systematic monitoring of actions already undertaken in the different priority areas, which sometimes led to duplication of work.

The interim evaluation: projects were adequately monitored against the aims of the PHP according to the project coordinators

On the other hand, the interim evaluation of the PHP undertaken in 2006⁴¹ concluded that the projects funded were adequately monitored against the aims of the PHP - at least from the point of view of the project coordinators. One suggestion to improving the monitoring system from the project coordinators was that DG SANCO could provide a generic and 'easy to handle' tool for self-assessments. Also, DG SANCO officials could play a more active and communicative role in monitoring activities making use of consultative meetings. Finally, human resource capacity should be increased because feedback and co-ordination of activities were not perceived as optimal.

10.3.2 Interviews with internal stakeholders

During interviews, we asked respondents how the EAHC informs DG SANCO on programme implementation and PHP results and about the procedures in place between DG SANCO and the EAHC to ensure that PHP results are used in the DG SANCO/other DG policy cycle.

How does EAHC inform DG SANCO on programme implementation and PHP results and at which intervals?

Procedures to ensure information flows are in place

Evidence indicates that there are procedures in place to ensure information flows, e.g. monthly coordination meetings with DG SANCO (management meeting), programme steering group meetings, compilation of EAHC annual reports. Furthermore, project and policy officers are in continuous contact, and all project deliverables are sent to the policy officer (inception, interim, draft

⁴⁰ The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

⁴¹ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

final and final report etc.). If possible, DG SANCO also participates in kick-off meetings.

However, more information is warranted

However, one stakeholder argued that more information is warranted, including monitoring of results, mapping of gaps in the implementation of the programme and feedback from Member States on the national implementation of the programme.

Increased reporting by the EAHC to DG SANCO, e.g. on results, would require that additional resources are made available for this.

Which procedures are in place between DG SANCO and EAHC to ensure that PHP results are used in the DG SANCO/other DG policy cycles?

As mentioned above, there are procedures in place to ensure information flows in general. However, these procedures are not targeted to ensure that PHP results are used in the DG SANCO/other DG policy cycles.

One stakeholder argued that the large number of priorities makes it more difficult to obtain an overview and to ensure that the PHP results are used.

Another stakeholder mentioned that the use of results/information in the DG SANCO/other DG policy cycles is rather random and depends to a large extent on personal relations.

11 A sustainable EU public health effort - sustainability of the PHP

11.1 Background and focus

Evaluation questions

The issue of sustainability of the Public Health Programme (PHP) has been addressed by the following evaluation questions:

Evaluation questions

Q16: To what extent are programme tools appropriate to ensure sustainability (in terms of both the sustaining impact and the source of funding)?

Q17: How can the programme be brought to support projects in areas where a defined policy interest for a longer life cycle than the normal three years exists? In this case, what is the kind of elements/mechanisms that projects should reasonably comprehend to ensure sustainability in terms of impact (or sustainable impact)?

Evaluation of sustainability in relation to the PHP is a matter of assessing the extent to which the results of the programme are expected to last after the action is terminated/no longer supported.

11.2 Summary - sustainability of the PHP

Q16: To what extent are programme tools appropriate to ensure sustainability (in terms of both the sustaining impact and the source of funding)?

According to the CoA, sustainability was often understood by participants as the continuation of project activities and was therefore heavily dependent on continued Community funding. The interim evaluation pointed in the same direction as it concluded that projects did not have legacy plans to support the sustainability of the benefits they produced.

These conclusions from earlier evaluations are confirmed by the e-survey, interviews and case studies. Thus, the evidence collected in the case studies indicates that sustainability was mainly achieved by making projects results available on websites after the project period and through follow-up projects funded by DG SANCO. Furthermore, there was no evidence of compilation of systematic legacy plans to ensure sustainability of the projects. In the e-survey/interviews, most beneficiaries and other stakeholders stated that sustainability of funding is/was generally not ensured.

According to the e-survey, the beneficiaries believe that there is considerable use potential of PHP results. Furthermore, most other stakeholders believe that the PHP has ensured sustainability in terms of impact on European public health issues. By sustainability of impact, we mean lasting effects on policy-making, science and practice, epidemiological realities, etc. However, little evidence has been found in the case studies of sustainability of project results though implementation of policy initiatives. Only one good example has been identified, namely "JACIE - Joint Accreditation Committee ISCT EBMT". In general, there seems to be a need for a clearer focus on dissemination of project results to policy makers.

Q17: How can the programme be brought to support projects in areas where a defined policy interest for a longer life cycle than the normal three years exists? In this case what is the kind of elements/mechanisms that projects should reasonably comprehend to ensure sustainability in terms of impact (or sustainable impact)?

The portfolio analysis undertaken by COWI concluded that recurrent projects are acceptable in some cases. However, actions must be taken to ensure sustainability of the projects and independence of PHP/HP funding if possible. When evaluating applications, it may be especially relevant to look at the motivation of the partners, the history of the partnership and the types of organisations involved for increasing the chances of sustainability. In some cases, the best way to ensure sustainability may be to let other organisations take over when the project is finished. Other organisations could run the system, offer the intervention to the broader public or use the results for other purposes. Strategic planning is required to identify key stakeholders and dissemination of results through various channels. In other situations, the best solution may be to make the funding of e.g. networks long term or permanent (institutionalisation).

The interviews also indicate that funding for more than three years should be possible in some cases. Well-functioning networks were accentuated as a good example. The new instruments introduced with the new Health Programme (operating grants and joint actions) are considered to be a step forward in order to ensure sustainability. Time will show whether the new instruments can meet the needs.

11.3 Evaluation results

In the following, the data collected through document review, portfolio analysis, e-survey, interviews and case studies are presented.

11.3.1 Document review

Court of Auditors: planning for sustainability of results in very few cases

In 2008, the Court of Auditors (CoA) made an audit of the PHP⁴² as mentioned in section 6.3.1. According to the CoA, sustainability was often understood by participants as the continuation of project activities and was therefore heavily dependent on continued Community funding.

⁴² The European Union's Public Health Programme (2003-07): An Effective Way to Improve Health?

The CoA stated that PHP projects, with their limited duration (two or three years in most cases) and limited resources, were not assigned to cover the full cycle of health promotion actions from setting up an evidence base to developing and implementing public intervention and creating a lasting health impact. Nonetheless, there should be an indicative plan of how the results of a project can be used in the next step of the cycle. None of the audited projects had a plan for the take-up of their results by the next level in the research, development and innovation (RDI) cycle⁴³ or how their results could be sustained over time. With a few exceptions, it was found that projects did not even contain a plan for sustainability and take-up of results after the project funding period. Instead projects focused on obtaining a follow-up grant from the Commission so that project activities could be continued.

The CoA noted that networks were particularly dependent on continuous Community funding. Due to their nature, networks cannot be classified as belonging to any one stage in the RDI cycle. Networks were considered by the CoA to be the clearest provider of European added value. Under the second Health Programme, networks can be funded via a dedicated operating grant mechanism.

The interim evaluation: a need for legacy plans

The interim evaluation of the PHP undertaken in 2006⁴⁴ concluded that the anticipated results of the PHP could be sustained through the strong networks that the PHP had both helped constitute and of which it had been a part. They could also be sustained through the information systems supported by the PHP (such as shared health measurements in the Member States). However, it was noted that projects did not have legacy plans to support the sustainability of the benefits they produced.

11.3.2 Portfolio analysis

As a part of the portfolio analysis undertaken by COWI⁴⁵, a case analysis on recurrent projects was conducted. The main purpose of this analysis was to identify the areas in which recurrent projects occur, certain 'types' of projects or common features and to assess the sustainability of the projects, i.e. how often they continue after funding has ended, and new elements that typically make recurrence acceptable.

⁴³ The research-development-implementation (RDI) cycle is a concept describing the sequence of steps in public health programme development, from fact-finding and creating an evidence base to developing a strategy or work plan, pilot testing and finally full-scale implementation.

⁴⁴ Oortwijn, W., Ling, T., Mathijssen J., Lankhuizen, M., Scoggins, A., Stolk, C. and Cave J. Interim Evaluation of the Public Health Programme 2003-2008

⁴⁵ COWI. Portfolio analysis and evaluation of the health project mapping 2003-2009 exercise

Motivation among partners	The evidence collected pointed to the motivation among the partners as a key factor to ensuring sustainability. It is essential that there is 'a shared spirit' and a common understanding among the partners about the necessity of the project.
The history of the partnership	The type of partnership, including which organisations to participate, depends on the project objective. However, it may be especially relevant to take into account the history of the partnership when evaluating applications in order to ensure sustainability. If the partnership is strongly independent of the project that the application concerns, the chances of sustainability are probably higher.
Characteristics of organisations involved	The characteristics of the organisations involved may also play an important role. The sustainability of projects may depend on fiery souls that are willing to do extra work without compensation. Such fiery souls often thrive in flexible and relaxed organisational structures without too much bureaucracy.

In some cases, the best way to ensure sustainability may be to arrange for take-over of the project by other organisations on project completion. Such an approach requires strategic planning to identify key stakeholders and dissemination of results through various channels. Other organisations could run the system, offer the intervention to the broader public or use the results for other purposes.

As a main rule, 40 per cent of the project costs have to be funded from other sources than the PHP, e.g. by own contribution.⁴⁶ If networks are to carry out substantial activities, they will need external funding. There are other funding sources, e.g. the framework programmes for research and development, and these may be more attractive to the applicants as funding covers a higher percentage of the costs. An advantage of the PHP may be that the priorities in the work programmes are concrete yet broadly formulated. The priorities of the framework programmes are more specific and thus require more targeted proposals.

⁴⁶ According to the HP programme decision, financial contributions by the Community should not exceed 60 per cent of the costs for an action or functioning of non-governmental body/specialised network intended to help achieve an objective forming part of the programme, except in cases of exceptional utility, where the Community contribution should not exceed 80 per cent (article 4 subsection 1). Similar for the PHP, it was stipulated in the annual work plans for 2004-2007 that at least 40 per cent of the project costs should be funded by sources other than the PHP. Exceptionally, a maximum co-financing of 80 per cent of eligible costs could be envisaged where a project had significant European added value. According to the annual work plan for 2003, at least 20 per cent of project costs should be funded by other sources.

11.3.3 E-survey

In the e-survey, we asked respondents about sustainability in terms of funding from other sources and impact. Furthermore, we asked respondents about the use of PHP results.

Sustainability through funding from other sources

Sustainability of funding is/was generally not ensured

Almost half of the beneficiaries stated that funding of their PHP activity is/was not ensured after the PHP funding period ended (41.9 per cent). Furthermore, 26.9 per cent stated that this was not relevant.

For the remaining beneficiaries (31.2 per cent), sustainability of funding is/was ensured. In most of these cases, funding was ensured by a national source (51.7 per cent), an EU source (37.9 per cent), an international source (34.5 per cent) or another source (13.8 per cent) respectively.

Most other stakeholders (84.7 per cent) believe that less than half of the beneficiary action will continue to receive funding after the PHP funding period. More than half of the other stakeholders (53 per cent) believe that only 25 per cent of the activities will obtain sustained funding.

Sustainability in terms of impact

Some sustainability of impact

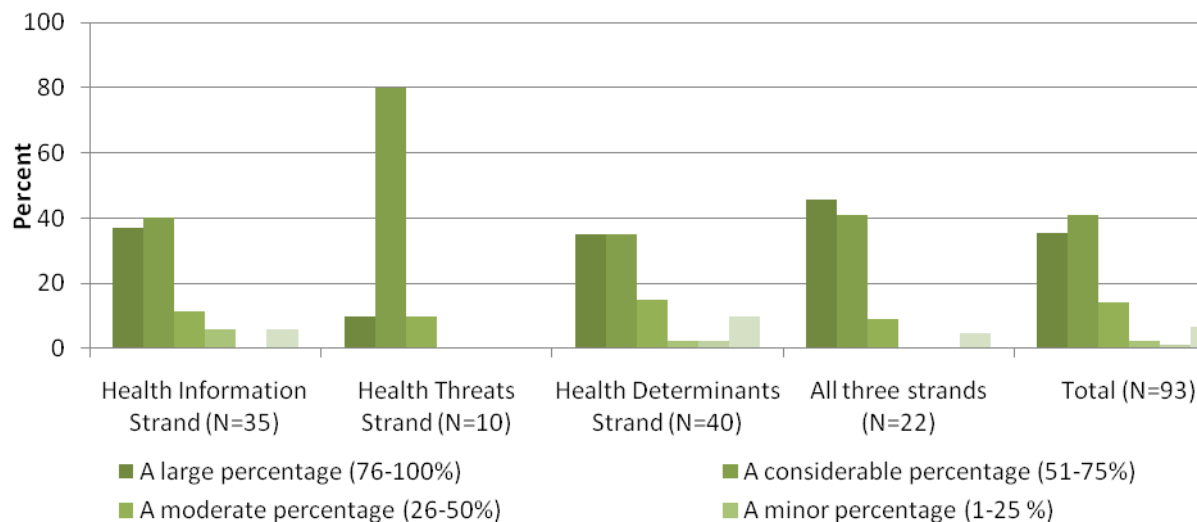
From the viewpoint of other stakeholders, the PHP ensures sustainability in terms of impact on European public health issues. By sustainability of impact, we mean lasting effects on policy-making, science and practice, epidemiological realities, etc. Only 2.2 per cent believed that that the PHP did not ensure sustainability of impact at all. 21.6 per cent did not know. On the other hand, only 9.9 per cent believed that the PHP ensures sustainability to a large extent. Thus, there is room for improvement.

Use of PHP results

Considerable use potential of PHP results according to the beneficiaries

Most beneficiaries believe that a large or considerable percentage of their PHP results (methodologies, evidence, data, publications, etc) or trained human resources (expertise) generated can be utilised by other activities or actors to produce related or follow-up results (Figure 10-1). Only 1.1 per cent believes that the results cannot be used in this way (all in the health determinants strand) while 6.5 per cent does not know.

Figure 11-1 Estimated percentage by beneficiaries of PHP results that can be utilised by other activities or actors to produce related or follow-up results according to strand



11.3.4 Interviews with internal stakeholders

During interviews, we asked respondents how the programme (and tools) ensures sustainability in terms of impact/results and funding, how the programme ensures a long-term impact/funding level, whether there is a need for recurrent funding and which coordination takes place between the PHP and for example the framework programmes for research and development.

Does the programme (and tools) ensure sustainability in terms of impact/results of funding?

In general, the programme should only support activities that can become sustainable by being integrated in public health practices or policy initiatives.

In many cases the activities stop when the PHP funding period ends

There are some good examples of sustainability, e.g. in the field of rare diseases. However, in many cases the activities terminate when the PHP funding period ends. A typical example is web pages that are no longer updated.

One stakeholder suggested creating networks of previous project coordinators and collecting information on how the results are actually used after the funding period in order to promote sustainability.

Funding for more than three years should be possible in some cases	<p>How can the programme ensure a long-term impact/funding level?</p>
	<p>One stakeholder argued that the nature of the programme is to have a funding period of three years. Hereafter the activities should be funded by other sources. However, most stakeholders held the view that funding for more than three years should be possible in some cases. One stakeholder accentuated the need for longer-time investments in fewer priority areas selected in cooperation with the Member States and the European Parliament.</p>
The new instruments are a step forward	<p>Some stakeholders mentioned that the new instruments in the new Health Programme are a step forward (operating grants and joint actions).</p>
	<p>It was accentuated that joint actions increase the political and funding commitment of Member States. Consequently, Member States may take over after the funding period has ended and/or use the results for policy initiatives. On the negative side, it was mentioned that joint actions are expensive and may include NGOs to a lesser extent.</p>
Well-functioning networks may need long-term funding	<p>Is there a need for recurrent funding?</p>
	<p>Evidence provided indicates that recurrent funding is needed to ensure sustainability in some cases. Well-functioning networks were accentuated as an example. Some stakeholders held the view that if a project is good enough, it will also become sustainable and obtain funding from other sources. Thus, the assessment of need for recurrent funding is important and must be done properly.</p>
	<p>Time will show whether the new instruments mentioned above can meet the needs for recurrent funding. One stakeholder argued that joint actions are promising but that operating grants will not be sufficient as they are given for only one year. It was suggested to increase this period to five years.</p>
Not sufficient coordination with other funding programmes	<p>Which coordination takes place between the PHP and for example the Research Framework Programmes (FPs)?</p>
	<p>In general, evidence provided indicates that some coordination, however insufficient, takes place between the PHP and other funding programmes, e.g. the framework programmes for research and development.</p>
	<p>One stakeholder pointed to the need for more strategic use of research funded under the framework programmes for research and development, e.g. through networks funded under the PHP.</p>
	<p>Another stakeholder argued that a small programme such as the PHP must be focused to have an impact and ensure European added value.</p>

11.3.5 Case studies

Overview of sustainability measures

Table 11-1 provides an overview of sustainability measures of the projects selected for in-depth study. In most cases, projects results are available on websites after the project period. Only the website of one project - "European network on drugs and infections prevention in prison (ENDIPP)" - is no longer functional. Furthermore, sustainability is in many cases achieved through follow-up projects funded by DG SANCO.

Little evidence of sustainability though implementation of policy initiatives

Little evidence has been found of sustainability of project results though implementation of policy initiatives. Only one good example has been identified, namely "JACIE - Joint Accreditation Committee ISCT EBMT". JACIE has become regulatory in some countries. Furthermore, substantial activities have been carried out after the end of the project period funded by other sources, e.g. accreditation fees. Thus, JACIE has been successful in disseminating information about the JACIE programme to policy-makers and other stakeholders in a way which they have found relevant.

In general, there seems to be a need for a clearer focus on dissemination of project results to policy-makers in order to promote sustainability through implementation of policy initiatives.

Furthermore, in most cases there is no evidence of compilation of systematic legacy plans to ensure sustainability of the projects.

Table 11-1 Case studies: Sustainability measures

PHP Strand	Case study area	Selected projects/activities	Sustainability measures
Health information	Comparable European information	Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	Website Follow-up project funded by the Polish-Norwegian Research Fund 2010-2011
		Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	Website Follow-up project funded by the EAHC in 2007 (project duration: 18 months)
	Creation & support of knowledge management networks	European Surveillance of Congenital Anomalies (Phase 3)	Website Follow-up project funded by the EAHC in 2006 (project duration: 36 months)
		Rare Diseases Portal	Website Follow-up project funded by the EAHC in 2009 (project duration: 12 months)
Health threats	Organs	European Living donation and public Health	Website Follow-up project funded in 2008 (ELIPSY)
		JACIE - Joint Accreditation Committee ISCT EBMT	JACIE has become regulatory in some countries Substantial activities after the project period funded by other sources (accreditation fees etc.) Website
	Chemical threats	The Public Health Response to Chemical Incident Emergencies Toolkit (CIE Toolkit)	The project is ongoing. Therefore the sustainability of this project cannot be assessed.
		MASs-casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	The project is ongoing. Therefore the sustainability of this project cannot be assessed.
Health determinants	HIV/AIDS	European Centre AIDS & Mobility A&M	Website Follow-up project funded by the EAHC in 2007 (project duration: 36 months)
		European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	Website Follow-up project funded in 2006 by the EAHC (project duration: 24 months)
	Addictions - drugs	European Network on Drugs and Infections Prevention in Prison	Website is no longer functional
		Democracy, Cities & Drugs II	The project is ongoing. Therefore the sustainability of this project cannot be assessed.

Table 11-2 presents the scores for each of the case study according to sustainability accompanied with brief rationales for the scores.

Table 11-2 Scoring of case study sustainability

Case study	Score	Rationale
Health information		
Comparable European information		
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	3	A follow-up project has been funded by the Polish-Norwegian Research Fund. The project results are available on website.
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	3	A follow-up project has been funded by the EAHC. The project results are available on website.
Creation & support of knowledge management networks		
European Surveillance of Congenital Anomalies (Phase 3)	3	A follow-up project has been funded by the EAHC. The project results are available on website.
Rare Diseases Portal	3	A follow-up project has been funded by the EAHC. The project results are available on website.
Health threats		
Organs		
European Living donation and public Health	3	A follow-up project has been funded by the EAHC. The project results are available on website.
JACIE - Joint Accreditation Committee ISCT EBMT	4	JACIE has become regulatory in some countries. Substantial activities after the project period funded by accreditation fees etc. The project results are available on website.
Chemical threats		
The Public Health Response to Chemical Incident Emergencies	N.A.	The project was ongoing at the time of the evaluation. The sustainability of the project therefore cannot be assessed.
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	N.A.	The project was ongoing at the time of the evaluation. The sustainability of the project therefore cannot be assessed.
Health determinants		
HIV/AIDS		
European Centre AIDS & Mobility A&M	3	A follow-up project has been funded by the EAHC. The project results are available on website.
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	3	A follow-up project has been funded by the EAHC. The project results are available on website.
Addictions - drugs		
European Network on Drugs and Infections Prevention in Prison	1	Website is no longer functional.
Democracy, Cities & Drugs II	N.A.	The project was ongoing at the time of the evaluation. The sustainability of the project therefore cannot be assessed.

12 Conclusions and recommendations

Judgments by the evaluators ...

The conclusions and recommendations presented in this final chapter of the evaluation report are judgments made by us - i.e. the evaluators - of the achievements made within the Public Health Programme (PHP) 2003-2008 although these judgments are to some extent limited by the evaluation questions stated in the task specifications for the evaluation.

... acknowledging the aim of the PHP ...

The central concern of any evaluation is to understand the intervention to be evaluated. Thus, the judgments of the achievements must be based on a thorough understanding of the PHP. While the overall aim of the PHP is to promote human health and improve public health, the evaluation addresses in particular the achievements towards reaching the three PHP objectives: to improve information and knowledge for the development of public health, to enhance the capacity of responding rapidly and in a coordinated fashion to threats to health, and to promote health and prevent disease through addressing health determinants across all policies and activities. It does so by looking into the outputs, results and impacts of actions funded. Furthermore, the success of implementing the programme in close collaboration with the Member States as well as the consistency and complementarity with other Community activities are assessed. Finally, the extent of cooperation with third countries and international organisations to avoid overlaps and enforce synergy is considered.

... and the phases and challenges of the PHP ...

When evaluating the PHP, it is important to be aware of its different phases. These phases are illustrated in Figure 12-1 together with an assessment of the main challenges encountered in each phase.

The programme had firstly to be developed and adopted at the programme level. Challenges encountered here included the definition of clear performance indicators (success criteria) which should enable later measurement of the achievements of the programme. Such performance indicators should be closely linked to the hypothetical cause and effect linkages that describe how the programme is expected to attain its global objectives, i.e. the intervention logic of the programme.

Then the implementation of the programme followed. This phase included the preparation and adoption of annual work plans (AWP), submission of calls, application procedures, selection of activities to be funded, ongoing projects and

dissemination of project output and results. Many challenges were encountered, including issues such as too many priority areas in the AWP, length of funding period, inclusion of small organisations in Eastern European countries etc.

Finally, the main challenges encountered during the implementation of the results comprise communicating results to policy makers and obtaining sustainability through policy initiatives. The limited evidence of sustainability through policy initiatives concerns both the national and the EU level. This conclusion is based mainly on case studies, where only one out of the 12 projects selected was considered to have had clear policy impact.

... and the limitations of the evaluation method

Figure 2-1 comprises also the present programme evaluation phase including the main challenges encountered by us as evaluators.

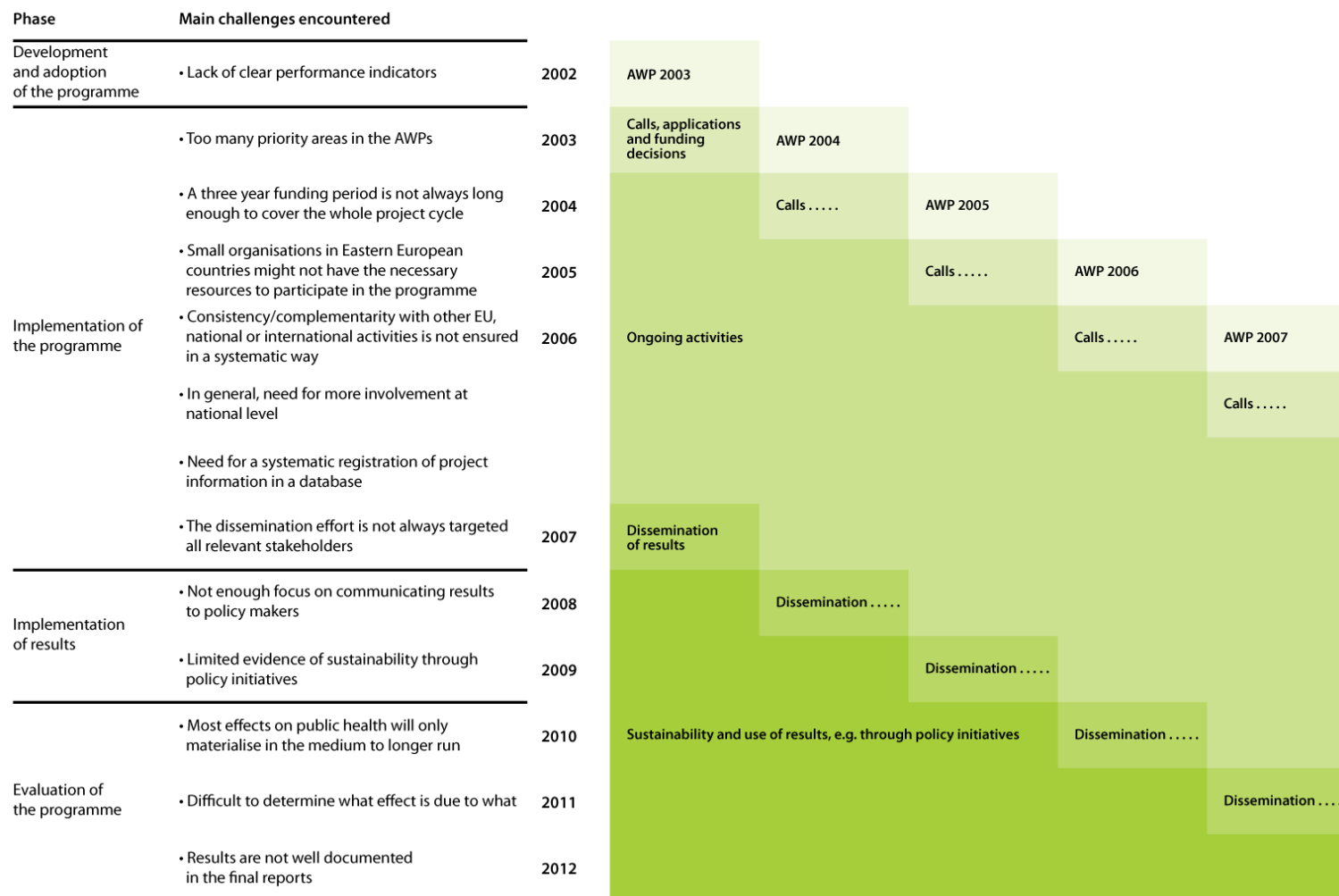
Firstly, most effects on public health will only materialise in the medium to longer run. This implies that only a limited number of effects have materialised at the time of the evaluation, and so potential future effects can merely be based on speculation.

Secondly, it is difficult to determine what causes which effect. In other words, the counterfactual no-EC co-funding situation is not observable. Furthermore, possible lack of success at both project and programme levels may have different causes, including inadequate theoretical models underpinning the intervention; lack of connection between theoretical rationale and planned activities; imperfect or incomplete implementation of the intervention; change in, or failure to take account of, the context in which the intervention is embedded; poor quality of management or leadership.

Thirdly, at the more practical level, project results are generally not well documented in the final reports.

Furthermore, a number of other features of the adopted evaluation method should be kept in mind when reading the below conclusions and recommendations. As mentioned above they are our - i.e. the evaluators - judgments. These judgments are based on a number of sources. We have carried out a desk study where we objectively assessed available programme and selected project material. We have carried out an e-survey with a widespread coverage of PHP beneficiaries and other stakeholders and a number of interviews with Commission staff. This has provided a number of opinions on PHP achievements, which have influenced our judgments. Finally, we have carried out a number of case studies comprising in-depth analysis of selected PHP aspects.

Figure 12-1 The phases of the PHP and challenges encountered



12.1 Relevance and European added value

When looking at relevance and European added value of the PHP ...

The extent to which the PHP has addressed the perceived and real needs involves three issues. Firstly, the extent to which the needs have been addressed in the annual work plans (AWPs) and listed as a priority area is central. This is a precondition for funding of activities in the field. Secondly, it is important whether activities have actually been funded in the priority area. Finally, it involves an estimation of whether the needs have been addressed during the implementation of the activities funded, if any, to the extent that some room for manoeuvre remains within the scope of the project defined in the application and contract documents.

... we conclude that the PHP activities have been relevant

In our view, the activities financed under the PHP have in general been relevant to the overall aim of the PHP, the general objectives and the priority areas listed in the annual work plans.

...

This is partly due to the far-reaching aim, objectives and priorities of the PHP - making it difficult to identify public health issues that may be considered irrelevant. The aim, objectives and priorities of the PHP are very broad and may thus encompass a wide range of issues in the field of public health.

... only few possible gaps have been identified ...

A wide range of stakeholders has been involved in the compilation of the annual work plans (AWPs). The activities funded show a good coverage of the work plan priorities. Only a few possible gaps have been identified. We assess that gaps may be due to gaps in the public health and/or research community or due to other and better funding opportunities offered to potential applicants, e.g. through the EU framework programmes for research and development.

However, during the PHP period projects have been funded under many different priority areas as defined in the annual work plans (AWPs). We assess that the limited available financial resources of the PHP may have diluted the potential effects of the individual projects compared to a more targeted effort in selected areas. This assessment builds on observations made during case studies, e-survey and interviews. The point of view that there may have been too many priority areas was also put forward by the Court of Auditors in 2008 and Commission staff during the evaluation. However, we judge that since the PHP was the first programme in the field of public health at EU level, it was wise and necessary to fund a broad spectrum of activities; whereas today a more targeted effort in selected areas seems to be of crucial importance.

... and the projects selected for case study analysis showed clear European added value

In general, the projects selected for the in-depth case studies have provided clear European added value. We consider the projects selected as success stories. However, no direct comparisons have been made with projects that might have been less successful.

There is no clear-cut definition of European added value. According to the EAHC homepage, "European added value refers to the European dimension of the problem and of the project. Projects funded within the EU Health Programme are expected to contribute to solving problems at the European level,

and the expected impact of co-ordinating the work at European level should be greater than the sum of the impacts of national activities", see Box 4-3. Thus, our judgment is based on whether the projects are likely to have gained value by being addressed/implemented at European level rather than at regional/national levels. Furthermore, we attempt to distinguish European added value at three levels:

- the operational level - i.e. whether the EU funding enabled the establishment of (transnational issues and cross border actions) collaboration that led to critical mass of expertise, to synergies between expertises etc.
- the policy level - i.e. that findings are targeted to support the policy making at the EU level
- the social cohesion level - e.g. that projects address health inequality.

Box 12-1 European added value - definition used in this evaluation

"European added value refers to the European dimension of the problem and of the project. Projects funded within the EU Health Programme are expected to contribute to solving problems at the European level, and the expected impact of co-ordinating the work at European level should be greater than the sum of the impacts of national activities."
(EAHC homepage)

The projects selected for the in-depth case studies cover six areas, two for each strand, namely "Comparable European information", "Creation and support of knowledge management networks", "Organs", "Chemical threats", "HIV/AIDS" and "Addiction - drugs". Collection of comparable data across Member States and establishment of networks to be able to share expertise and establish critical mass are both areas that are obvious for implementation at European level. Cooperation in the field of organs across Member States may also provide clear European added value by increasing the chances of finding suitable donors. Similarly, as the consequences of chemical events often cannot be isolated to one country, cooperation in the field of chemical threats and generic preparedness may provide clear European added value. At first glance, the European added value of projects in the field of HIV/AIDS and drugs may be less evident unless the projects involve establishment and maintenance of networks. However, health problems relating to especially HIV/AIDS may also be relevant to address at European level due to transmission across borders.

It is the view of the evaluator that there could be even more focus on ensuring European added value of the funded activities - both through the compilation of annual work plans, including choice of priority areas, and through decisions on which applications to accept. This point of view was also put forward by Commission staff interviewed as part of the evaluation.

We recommend:

On this background, **we recommend that:**

Less priority areas based on a thorough analysis of needs and European added value ...

- 1 DG SANCO should reduce the number of priority areas in the annual work plans by allowing a maximum of five 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.

Our proposal for a maximum of five priority areas is as mentioned based on observations from different evaluation sources and are in line with the recommendations by the Court of Auditors. An experience with many priority areas is that it has led to many small projects many of which found it difficult to gain policy attention. Another experience is that many projects claim relatively more administration both for the project and for the EC. Finally, too many projects of various focuses may lead to less success in achieving the central goals of the PHP.

- 2 DG SANCO should ensure that the priority areas in the annual work plans 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.

In line with the above recommendation we assess that the priority areas in the annual work plans should be more focused. To ensure this we believe that the choice of priority areas in each strand should be based on thorough analysis of the needs and of European added value within the scope of the EU health strategy and the decision establishing the programme. The needs analysis should include an assessment of the scope of different public health problems in Europe.

... need for analysing possible gaps ...

- 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.

This recommendation is also in line with the two previous recommendations i.e. to improve focus and to cover the most important public health areas. A gaps analysis is already performed to some extent by EAHC. However, we suggest supplementing this by a mapping of existing research or public health communities etc. to ensure the necessary competences to carry out the prioritised activities. If lack of applications or lack of applications of sufficient quality are due to gaps in the research or public health community, a long-term effort will be necessary to promote capacity building in these areas. If the reason is a lack of interest due to e.g. better funding opportunities elsewhere, this is another matter.

... and taking into account the political needs

- 4 DG SANCO should earmark a part of the budget of each annual work plan to funding of activities in areas with the aim to tackle unexpected public health problems that may arise after the drawing up of the annual work plan.

These areas are not to be defined in detail in the annual work plans. Instead, flexibility should be allowed to shorten the process from the need identification to availability of results of the activities for use. The purpose is two-fold. Firstly, this will increase the flexibility of the programme to respond rapidly to emerging public health problems. This will be of particular relevance in the health threat strand as the public health problems in this strand often arise suddenly, e.g. influenza pandemic. Secondly, it will increase the relevance of the programme from a political perspective as the PHP can come into play as an instrument to tackle public health problems in areas with particular political focus to a larger extent. Earmarking funds for new issues was suggested by Commission staff interviewed as part of the evaluation.

12.2 Effectiveness

When looking at the effectiveness of the PHP ...

We assess that there is a lack of intervention logic and this hindered the effectiveness of the programme implementation. It has also implications for an evaluation - i.e. if intended results and impacts are not clearly formulated, it is difficult to assess whether they have been achieved. However, a programme without well-specified targets in the programme documents is not the same as saying that the programme does not have objectives and a plan for reaching these objectives. The case studies illustrate that there is a clear logic between the objectives of the PHP and the projects funded, on the one hand, and the contribution of the projects towards achieving the objectives of the PHP, on the other hand.

Furthermore, when assessing the effectiveness of the PHP, there are two central challenges that must be addressed. Firstly, there is a need for a boundary judgement, i.e. deciding what effects to select for consideration, as effects can be numerous and varied. Secondly, there is a need to determine what causes which effect. Effects are typically the result of complex interactions and so it is difficult to attribute rigorously effects on different beneficiary groups and at different levels over time to a specific PHP intervention. In this context, it is also important to acknowledge that while a few effects will occur in the short term, most will only materialise in the medium to long term. In the evaluation, we ask the participants to contemplate potential future impacts of the project achievement - knowing that they are likely to be loyal to their respective projects and in being so likely to be too optimistic.

... we conclude that the PHP projects have delivered a number of concrete results ...

However, the evaluation shows that the projects funded by the PHP have delivered a number of concrete results in the form of reports, articles, websites and training, etc. Furthermore, the case studies demonstrate that the programme has supported the establishment and maintenance of networks and sharing of experiences across Europe. The case studies indicate that the projects in general have strong potential for contributing to the preparation, development and implementation of public health policy initiatives. However, only limited evidence was found of such contributions. This was confirmed by interviews with Commission staff. It seems that the dissemination of project results is not always targeted to policy makers. Furthermore, the results of the projects are not al-

ways reported in a systematic and transparent way in the final reports, and not all final reports are available on-line.

Based on our review of the case studies, we believe that most of the projects funded by the PHP have produced evidence, data or methodologies with significant value. This view was confirmed by the beneficiaries in the e-survey. However, only few good examples of this came to light in the interviews with Commission staff. The case studies indicate that it may be more difficult in general to justify recurrent projects in terms of new results. However, continued funding may be justified on other grounds, e.g. to ensure sustainability.

... but insufficient focus has been given to dissemination of results to a wider audience and the political level ...

The projects funded by the PHP have also helped transmit experience/best practices to and from health stakeholders. This conclusion is based mainly on the case studies and confirmed by interviews with Commission staff. Networks and conferences may be accentuated as a good example in this regard. However, the extent to which such transmission has actually taken place is not well documented.

The dissemination of project output and results is central for both users and for achieving the PHP objectives. Both the Commission and the beneficiaries have a responsibility in this regard. The Commission makes information on the output and results of projects available to the public on the EAHC website, e.g. the project database and by organising conferences. According to Commission staff interviewed during the evaluation, the Commission could do more in this field if it was not restrained by lack of resources. The case studies revealed that in some cases the beneficiaries have made a considerable effort to disseminate project results, e.g. through publication of articles, website, training seminars and conferences. In other cases, the dissemination efforts have not been targeted all relevant stakeholders.

... but new financial instruments have been introduced with the second Health Programme 2008-2013

Most of the budget has been allocated to calls for proposals. In recent years, the use of calls for tenders has increased to allow for more focused outcomes. Furthermore, direct grant agreements are considered important to ensure cooperation with international organisations at the strategic level and the pooling of resources. Challenges with regard to the existing financial instruments include ensuring sustainability. Networks may need continued funding to maintain activities. Furthermore, a three-year funding period may not always be long enough to cover the whole project cycle.

The project cycle involves a number of stages: (1) mapping as part of a needs assessment; (2) engagement, i.e. involving stakeholders, establishing their commitments and agreeing their roles and remit; (3) planning, i.e. setting and reshaping the objectives; (4) implementation, i.e. carrying out the intervention; (5) dissemination, i.e. any activity designed to report findings to stakeholder groups; (6) evaluation undertaken by the project team and (7) sustainability, i.e. activity aimed at the continuation of the intervention by other players and the integration of intervention activities into existing structures. The various stages may be cyclical or overlapping, rather than linear.

The Commission has already responded to some of the limitations of the financial instruments by introducing new instruments in the second Health Programme 2008-2013, most notably operating grants and joint actions. Time will show whether introduction of these new instruments is sufficient to overcome the challenges encountered during the implementation of the PHP 2003-2008.

Another problem encountered in this evaluation is that small organisations do not always have the resources necessary to participate in the programme, especially organisations from Eastern Europe. Both the interviews with Commission staff and the case studies pointed to this problem.

Furthermore, the case studies revealed that the present funding model by which projects compete to obtain funding may promote good project starts but may also lessen focus on dissemination and implementation of the results.

Another important conclusion drawn from the case studies is that some traditional public health researchers who apply for PHP funds obviously do not focus on aspects such as the link with EU public health policies, implications in terms of national policies and the dissemination of project results beyond the narrow circle of experts directly dealing with each topic. In such cases, it must be considered whether the PHP is ultimately meant to support evidence-based developments at the EU level or to subsidise the ongoing research activities of the public health community.

We recommend:

On this background, **we recommend that:**

Clear performance indicators at programme level ...

- 5 DG SANCO should in collaboration with EAHC define clear performance indicators (success criteria) at programme level in order to facilitate follow-up and evaluation of the achievements. These success criteria should be based on a thorough elaboration of the intervention logic underpinning the different areas and priorities of the programme.

During this evaluation we have observed that systematic performance indicators do not exist at neither programme nor project levels. Hence, performance indicators should be defined for each priority area in the annual work plans. Thus, the indicators will depend on the priority areas chosen. The definition of indicators will require some preparatory work. The indicators should be closely linked to the hypothetical cause and effect linkages that describe how the programme is expected to attain its global objectives, i.e. the intervention logic of the programme. This means that indicators must be defined at both output, result and if possible impact levels. The output, i.e. what has been produced, is under the control of the project team which provides the means through which the results will be materialise. Examples of indicators at output level are publication of reports, articles, lectures given, websites developed, training seminars conducted etc. Results and impacts are elements that can be influenced directly and indirectly respectively by the project team, e.g. the extent to which the projects result in enhanced cooperation, better health of target groups and inputs to the policy cycle. Indicators at result and impact level are central to evaluations such as the present.

Today, indicators for evaluation must be defined at project level when applying for funds under the second Health Programme. Thus, at least one indicator must be formulated for each of the objectives in the project applications. The indicators should be separated into process and outcome indicators. If possible, the indicators should specify target values. This is a clear step forward.

... a stronger dissemination effort ...

- 6 DG SANCO should earmark a part of the budget in the annual work plans as easy accessible funds towards additional dissemination efforts. These should be distributed based on a separate 'fast track' and simple application procedure. However, this might require a change in the financial regulation.

Our analyses show that the focus of the projects primarily is dedicated to the scientific content of the deliverables rather than on the dissemination of the deliverables. Hence, the dissemination objectives are often not fulfilled, acknowledging that this is not considered sufficiently important by the project holders. Though, it seems that there is already a special financial envelope for dissemination activities, and extra funds for dissemination efforts as a continuation of previous projects have been awarded under the PHP using the normal procedures. We propose to use a separate 'fast track' and simple application procedure for this purpose. In our view, a premise for the awarding of funds should be that the applicant has formulated an extended dissemination strategy, which is considered to promote properly the use of results.

... and improved tools for project monitoring and evaluation

- 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.

Our experience of comparing project outputs in between projects is that this is difficult. This hinders consistent assessments of project achievements. Hence, a systematic final report on outputs would be of great value. We propose that the template of such reports should be based on a questionnaire format with predefined answering categories and free text fields where relevant.

12.3 Consistency/complementarity

When looking at the consistency/complementarity of the PHP ...

According to the PHP programme decision, consistency and complementarity should be ensured between activities implemented under the PHP and those envisaged or implemented under other policies and activities, in particular in the light of the requirement to ensure a high level of human health protection in the definition and implementation of all Community policies and activities.

... we did only find limited evidence of a systematic approach ...

The Commission, the Member States and the beneficiaries all have a responsibility in this regard. At both Commission and project levels, coordination takes place to some degree, and this evaluation observed a high degree of complementarity with other Commission policies and actions as well as activities in international organisations. However this was not done in a systematic way.

... but evidence from the case study and EU programmes show many activities

The case studies selected for in-depth study generally show activity either regarding policy at national or EU level or other national/international activities ensuring consistency/complementarity in the field. Some projects have several activities at national and international policy level whereas others have national or international activities at programme and/or project level.

We recommend:

On this background, **we recommend that:**

... Collection of information on a regular basis about relevant activities at national level ...

- 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.

Based on the interviews with National Focal Points and on the case studies we observed that the exchange of information was insufficient. This could be alleviated by the Commission pooling the information from all Member States together. Such information will provide important input for the drawing up of the annual work plans (AWPs) and choice of priority areas.

... and enhanced co-operation between DGs

- 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 consultations.

We have observed that it is not clear for all project partners whether they aim for research results or results directly suitable for policy-making. Hence, the borderline between the PHP and e.g. the framework programmes is not clear for all. Especially the cooperation with the framework programmes for research and development is important to clarify the borderline and thus make more funds available for policy-oriented activities within the PHP.

Inter-service consultations are already conducted today. However, Commission staff interviewed as part of the evaluation has the view that consultations take place too late in the process. The motivation of other DGs to engage more actively could possibly be enhanced by conducting inter-service consultations at an earlier stage to allow other DGs to provide input to the choice of priority areas in the annual work plans (AWPs). Furthermore, motivation may be enhanced by disseminating brief descriptions of relevant results of the activities funded under the PHP to other DGs (see recommendation 16), including suggestions for common initiatives.

12.4 Support/involvement

When looking at support/involvement, we conclude that most stakeholders are familiar with EU public health policy and the PHP ...

The e-survey revealed that most of the stakeholders are familiar with the EU public health policy in general. This also holds for the general programme objectives and annual priorities of the PHP but to a somewhat lesser extent. In general, beneficiaries feel more familiar in this area than other stakeholders. However, other stakeholders employed by international organisations are also very familiar with the EU public health policy and the way the programme supports this policy. Stakeholders employed in the public administration of the Member States feel less familiar in this area. This is an important observation as familiarity is considered to be closely associated with involvement.

... most beneficiaries have met barriers to receiving funding ...

Most beneficiaries have met barriers to receiving funding. Possible barriers include language problems, procedures and cultural differences. As an example, requirements to management might be difficult to meet by some PHP applicants as pointed out by Commission staff interviewed as part of the evaluation. Furthermore, some stakeholders might have problems finding the supplementary funding necessary to participate in the programme.

... and the degree to which the needs of Member States are met depends on their participation in the PHP

The needs of the different Member States may be translated into priorities in the annual work plans (AWPs), activities selected for funding and into involvement in the implementation of the funded activities. The Commission, the Member States and the beneficiaries all have important roles to play in this regard.

The implementation of the programme should promote national involvement at all levels, including actual involvement of Member States in the choice of priority areas for the annual work plans (AWPs). This is important to increase the potential use of project output and results at national level. Furthermore, it is important that the Commission raises awareness among national stakeholders that complementary funding is highly supportive. The introduction of joint actions as a new financial instrument with the second Health Programme 2008-2013 is a step in this direction.

Through participation in the Programme Committee, the Member States have the opportunity to influence the implementation of the programme. The Programme Committee has to give its opinion on the implementation measures defined and decided by the Commission, including the annual work plans (AWPs), selection criteria and financing of actions. According to Commission staff interviewed as part of the evaluation, the actual participation/involvement of Programme Committee members differs across countries depending on importance attached to the programme by national systems and individual factors. In general, Programme Committee members do not seem to consult operating stakeholders at the national level to a sufficient degree. Furthermore, the frequent turnover of Programme Committee members tends to reduce participation/involvement by the country in question.

The case studies point to good examples of projects which ensure participation at the national level, e.g. through appointment of national coordinators with special knowledge of the needs and terrain of decision-making in their own

countries. However, no evidence has been found of the application of project output at the national level. Neither is evidence found of the incorporation of national interests in the implementation of the projects.

We recommend:

On this background, **we recommend that:**

Higher co-funding of certain costs ...

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 by increasing the EC financial contribution (DG SANCO), possibly on the basis of an alternative cost model.

The suggestion is based on earlier evaluations of similar programmes e.g. the framework programmes also involving participants from Eastern Europe conclude that these participants in particular have difficulties in providing co-funding which have led to underrepresentation of this geographical area.

It was also highlighted by both Commission staff interviewed as part of the evaluation and in the case studies that small organisations especially from Eastern European might not have the resources necessary to participate in the programme as it is today. One way to solve this problem could be to increase the maximum co-financing for up to five selected Member States. The five Member States in question should be selected on a yearly basis and announced in the annual work plan based on strict criteria, e.g. the Member States with the lowest participation level in the programme over the last three years combined with a GDP per capita and/or average life expectancy below EU average.

Today, the financial contribution cannot exceed 60 per cent of the project costs. However, a maximum co-financing of 80 per cent of the eligible costs could be financed if the project has significant European added value. The distinction between a project with significant European added value and a project without European added value is subtle - even more so as there is no clear-cut definition of European added value.

... information package ...

11 EAHC should distribute an information package with relevant targeted information about the programme to each Programme Committee and National Focal Point members.

The e-survey and the interview with National Focal Points revealed that a considerable number of stakeholders employed in the public administration of the Member States are not familiar with the programme. Combined with the frequent turnover of Programme Committee members this indicates a need for compilation of an information package, which can be sent by e.g. e-mail to Programme Committee and National Focal Point Members.

Brief descriptions of project results disseminated to national stakeholders at political level (see recommendation 16), including Programme Committee and National Focal Point members, may also help increase familiarity and involvement in the implementation of the programme.

... information days
- both at EU and national level ...

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.

In 2010, there has not been any general information day at the EU level in Luxembourg or Brussels as in previous years. National information days on the calls for proposals under the second Health Programme were held in ten of the 27 Member States in late 2009 or early 2010. By committing all Member States to host national information days, Programme Committee and National Focal Point members will have the opportunity to become more familiar with the programme and potential applicants at national level.

... help-desk at national level

13 Each Member State should establish a help desk to provide support to potential applicants to overcome barriers relating to funding procedures and reporting.

Our analyses show that it is a widespread experience among project applicants that it is cumbersome process to produce an application and among project coordinators to comply with the reporting requirements. According to the EAHC homepage, there are already help desks in a few countries. These should be strengthened and the experience expanded to all countries.

12.5 Monitoring

When looking at the monitoring of the PHP ...

Monitoring is a continuous and systematic process carried out during an intervention that generates quantitative data on the implementation of the intervention but usually not its effect. The intention is to correct any deviation from the operational objectives and thus improve the performance of the programme as well as facilitate the subsequent evaluation.

Monitoring reports based on common management performance indicators are not compiled. Issues covered in such reports include e.g. the promotion of the programme (number of information days held and number of attendees), performance of the calls (success rate by priority area, funding scheme etc.) and performance of the proposal evaluation (overall quality assessment of the proposals, time to contract/grant etc.).

The resources allocated to the monitoring system of the PHP at Commission level must be in line with the financial scope of the programme, which is considerable smaller than the framework programmes for research and development. At the same time, the monitoring system must be designed to avoid imposing too heavy administrative burdens on the beneficiaries.

... we conclude that progress has been made, but that there is still room for improvement

Progress has been made since the launch of the PHP to ensure that the monitoring system delivers the information needed to support sound implementation of the programme. In our view, there is still room for improvement. During interviews, Commission staff held the view that more resources should be allocated to the monitoring of the programme. A vast amount of information is collected through the on-line applications for funds under the second Health Programme,

including priority area, country, organisation type, estimated starting date, duration and output indicators for monitoring purposes and result indicators for measuring performance. Furthermore, the beneficiaries are required to compile a final technical implementation report describing the process and deliverables produced. Relevant information on the activities funded should be registered in a database in order to ease the monitoring of the implementation of the programme, including the coverage and results of activities funded - in line with the above discussion of the need for output indicators. Based on this register, regular reports on the implementation may be produced and distributed to relevant stakeholders.

We recommend:

On this background, **we recommend that:**

- 14 EAHC should compile monitoring reports on a yearly basis based on common management performance indicators.

During this evaluation we did not find a systematic monitoring effort. We suggest that monitoring reports should cover issues related to promotion of the programme, performance of the calls and performance of the proposal evaluation. The monitoring report should provide a clear picture of the effectiveness of the programme implementation and point to possible gaps whereas the level and quality of output are to be reported elsewhere. It is suggested to draw inspiration from the monitoring reports of the framework programmes for research and development taking into account the principle of proportionality, i.e. the different financial scope of the programmes.

A more detailed mapping of activities available for database extract

- 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 describe their projects. This improved information about coverage of health objectives will enhance both funding decisions and evaluation exercises.

Today, the beneficiaries have to choose priority area, action and sub-action when applying for funds under the second Health Programme. Furthermore, they have to describe verbally the contribution of the project to the programme and annual work plan (AWP). Our experience from the Portfolio analysis demonstrates that it is cumbersome to extract such keywords from the project abstracts. Furthermore, we also envisage that applicants in the future may choose more than one priority area as projects may cover more than one area, e.g. by choosing primary, secondary and other priority area. Finally, we propose that applicants choose intervention type, health issue and target group in the same way, e.g. primary, secondary and other.

12.6 Sustainability

When looking at the sustainability of the PHP results, we find little evidence of sustainability through policy initiatives ...

By sustainability we understand the continuation of activities after the funding period has ended, see definition in Box 12-2. Sustainability concerns both the cooperation between project participants and the dissemination and use of project results. As regards the dissemination and use of project results, the most wide-ranging sustainability is achieved when activities are continued by other players and/or integrated into existing structures, e.g. through policy initiatives.

Box 12-2 Sustainability - definition used in this evaluation

Sustainability concerns the continuation of activities after the funding period has ended either through:

- Continued cooperation between project participants
- Continued dissemination of project results, e.g. on websites
- Use of project results by other players or by integration into existing structures

This evaluation indicates that project results were sustained by still being available on websites after the end of the project period and through follow-up projects funded by DG SANCO. Only one out of the 12 projects selected did not have a functional website, and five out of the 12 projects had received funding for follow-up project. However - as mentioned at the beginning of this chapter - little evidence has been found of sustainability of project results through policy initiatives, neither at EU level nor at national level.

No evidence was found of compilation of systematic legacy plans to ensure sustainability of the projects. In some cases, the best way to ensure sustainability may be to let other players take over when the project is finished. Other players could run the system, offer the intervention to the broader public or use the results for other purposes. Strategic planning is required to identify key stakeholders and dissemination of results through various channels.

... but the PHP has helped create critical mass of expertise by establishment of networks

In addition to pursuing sustainability of actually achieved outputs and results, the sustainability of the established collaborations - that might deliver outputs and result also after the EC funding has ended - has been assessed. We believe that the EC funding has helped create critical mass of expertise from a more fragmented expert structure by establishment of networks and holding of conferences, info days etc.

We recommend:

On this background, **we recommend that:**

Promotion of sustainability through dissemination of policy initiatives

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 procedures do not increase the administrative burden for the end user and grant holders unnecessarily.

In line with above recommendations a systematic compilation of project descriptions is considered to be valuable. The policy officers may be responsible

for compilation of such descriptions. Ideally, a communication expert with good understanding of both public health issues and the policy context should be involved. We propose that such descriptions should be distributed to contact persons in other DGs, Programme Committee and National Focal Point members.

- 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.

In our view, it is important to ensure that the target group is involved at project level when relevant in order to address the needs and ensure that the results are relevant to the potential users. One example accentuated in the case studies is to involve general practitioners when relevant.

12.7 Evaluation conclusions from case studies

Scoring of case study achievements

In order to facilitate the assessments of impacts and comparisons of the case study achievements a scoring system is developed where each of the criteria for each of the case studies is scored on a scale from 1 to 4 (1 is low and 4 is high). The use of an even number of scores is adopted to force ourselves to assess whether or not the fulfilment is above or below average. Table 12-1 below shows an overview of the assessments of each case study according to the five evaluation dimensions.

Caveats

However, it should be emphasised that the twelve case studies may not be representatives of all projects supported by the PHP. Furthermore, the observations from the case studies should be used in combination with the other information sources used in this evaluation. In other words, conclusions from the case studies only should be used with care.

Table 12-1 Scoring of evaluation criteria by case study

Case study	Relevance	Effectiveness	Consistency and complementarity	Support and involvement	Sustainability
Health information					
Comparable European information					
Closing the Gap – Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement	4	3	2	2	3
Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	3	2	3	3	3
Creation & support of knowledge management networks					
European Surveillance of Congenital Anomalies (Phase 3)	3	2	1	4	3
Rare Diseases Portal	4	2	3	4	3
Health threats					
Organs					
European Living donation and public Health	3	2	1	3	3
JACIE - Joint Accreditation Committee ISCT EBMT	3	4	4	3	4
Chemical threats					
The Public Health Response to Chemical Incident Emergencies	3	N.A.	1	3	N.A.
Mass casualties and Health-care following the release of toxic chemicals or radioactive materials - MASH	3	N.A.	1	3	N.A.
Health determinants					
HIV/AIDS					
European Centre AIDS & Mobility A&M	4	3	2	4	3
European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	4	3	2	4	3
Addictions - drugs					
European Network on Drugs and Infections Prevention in Prison	3	3	3	3	1
Democracy, Cities & Drugs II	4	N.A.	3	3	N.A.

High impact of relevance, support & involvement and sustainability

The overall evaluation of relevance, support & involvement and sustainability across the case studies demonstrate high impact in almost all projects. Although the broad perspective and priorities of the PHP makes it difficult for the projects not to be relevant we consider case studies particular successful in addressing central health issues. These impacts have also benefitted from good support and involvement of the right stakeholders. Apart from one of the case studies the achievements are assessed to sustain beyond the EC co-funding period.

Less impact of effectiveness and consistency & complementarity	In contrast the achievements of effectiveness and consistency & complementarity show a more varied picture. In particular the scores for consistency & complementarity range from 1 to 3 with only JACIE obtaining 4. This underlines the need for strengthening the coordination with other national and international stakeholders as already mentioned before. Effectiveness does not show big differences between the three strands.
The case studies fulfil the ambitions of the PHP	None of the projects demonstrate low score (1 or 2) in all evaluation criteria while all projects show high score (3 or 4) for more than half of the criteria. Hence, the overall conclusions of the case studies are very positive underlining that they have had significant impact and thus are success stories that have fulfilled the ambitions of the PHP.

13 Literature

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TASK SPECIFICATIONS

Task 1: EX POST EVALUATION OF THE PUBLIC HEALTH PROGRAMME 2003-2008 (PHP)

Task 2: 1ST INTERIM EVALUATION OF THE PUBLIC HEALTH EXECUTIVE AGENCY (PHEA) (EAHC SINCE JULY 2008)

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INTRODUCTION

The first Programme of Community Action in the field of public health (2003-2008) , hereinafter referred as PHP, ran from 1 January 2003 to 31 December 2007¹. It introduced an integrated approach towards protecting and improving health. More than 352 projects and other actions were financed over this period.

The Public Health Executive Agency, herein after referred as the Agency, took over the implementation of the PHP in 2005. The Agency also implements the second Programme of Community Action in the field of Health 2008-2013.

Within the present contract, the European Commission aims to evaluate the implementation of the PHP and the first three years of operation of the Agency. It also seeks evidence for the formulation of recommendations on how to improve:

(a) The incentive instrument, namely the Public Health Programme, by means of which Community aims to protect human health and improve public health (task 1)

(b) The body –the Executive Agency– created to assist the Commission in the implementation of Community action in the field of public health under the above mentioned programme (task 2).

A joint Steering Group (SG) has been set up for the two evaluations. It is comprised of staff from the European Commission and the Executive Agency with experience in the different policy areas addressed by the Public Health Programme and evaluation. The task of the SG is to guide and monitor the evaluation process.

In order for the views of other Commission services involved in health matters to be included in the evaluation process, the Interservice Health Group will be consulted. The object of this consultation is to ensure the necessary coherence and complementarity between the actions under the PHP and those other policies and programmes which also contribute to improve the levels of health protection in the EU. These were expected conditions in the implementation of the Public Health Programme and also supported in the recent Health Strategy for health in all policies.

¹ The Public Health Programme 2003-2008, has been shortened by one year, as the new Health Programme started in 2008 and will finish in 2013 in compliance with the financial perspective 2007-2013.

COMMISSION



PUBLIC HEALTH PROGRAMME 2003-2008

Decision N° 1786/2002/EC
of the European Parliament and of the Council
of 23 September 2002

HEALTH PROGRAMME 2008-2013

Decision N° 1786/2002/EC
of the European Parliament and of the Council
of 23 September 2002



ANNUAL WORK PLANS
Commission decisions taken
through Comitology procedure

1. On a proposal of the Commission
via co-decision procedure

2. On the basis of the Programme Decision,
the Commission designs annually the work
priorities and financial mechanisms for their
implementation in close cooperation with
MS and participating countries

Programme Committee
(27 MS with voting rights + EFTA
& candidate countries as observers)



3. On the basis of AWP, the EAHC
implements the health priorities

with the help of the

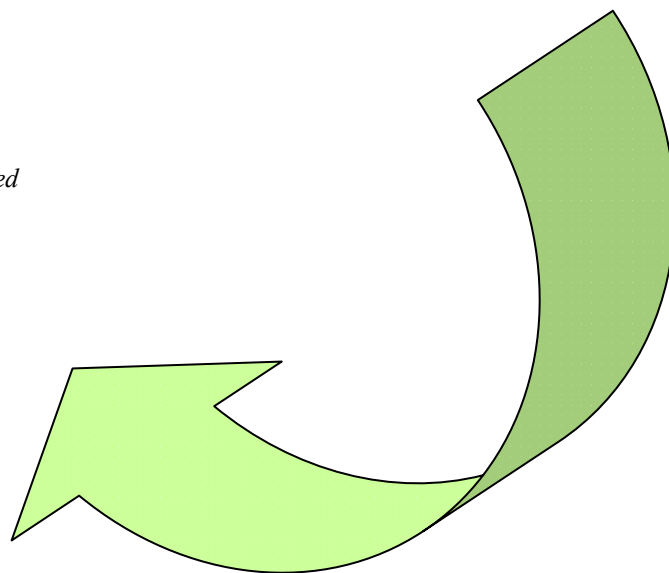
National Focal Points

through

INFODAYS

**CALLS FOR PROPOSALS for
PROJECTS, OPERATING GRANTS,
CONFERENCES and JOINT ACTIONS
&
CALLS FOR TENDERS**

5. *The Evaluation Committee (DG Health & Consumers + EAHC) and the Programme Committee are informed of the results of the evaluation before the **awarding decision** is adopted by the Commission*



10. *The Commission reports annually on the implementation of the Programme to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions*

11. *The Commission is responsible for the evaluations of the Programme (mid-term and final evaluation) and for the evaluation of the EAHC*

4. The Agency organises the **EVALUATION PROCEDURE**

6. Following the awarding decision, the EAHC invites the beneficiaries selected to enter into the **NEGOTIATION phase** and signs with them the Grant agreements and service contracts

7. The EAHC is responsible for the **FINANCIAL MANAGEMENT** and **MONITORING** of projects, conferences, joint actions, operating grants and contract services

8. The EAHC is also empowered to **organise technical meetings, seminars and conferences** for DG Health and Consumers

9. The EAHC manages the **DISSEMINATION** of the projects' results.

12. The EAHC may also be asked by the Commission to **contribute to the evaluation of the impact generated by the Programme**

1. CONTEXT OF THE ASSIGNMENTS

The two evaluations in question should be consistent with the European Commission's policy on evaluation².

- 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.

Type: Task 1: The Public Health Programme evaluation will be undertaken as an ex-post evaluation
Task 2: The Public Health Executive Agency evaluation will be undertaken as a mid-term evaluation

Duration: The contracting period will be 12 months from the signature of the contract by both parties. The contract may be extended for an additional 6 months to cover issues concerning the dissemination of the evaluation results. The evaluation is scheduled to start at the beginning of September 2009 and to be completed by the end of July 2010 at the latest.

Budget: For indicative purposes, the maximum budget of the evaluations is considered to be in the order of 310.000 Euro.

Evaluation team:

For each of the tasks, the evaluation is to be carried out by a team with advanced knowledge and experience in at least the following fields:
For Task 1: implementation of EU programmes and public health
For Task 2: Cost Benefit Analysis and EU/National Agencies' functioning.
It is estimated that for each of the tasks, category I experts are not expected to be involved in more than 15% of the total number of working days.
Consultants should also possess requisite training and experience in evaluation methods. Contractors must propose a team with the above expertise and designate an expert as team leader. For more information, refer to point 2.4.

² Communication to the Commission of 21/02/2007 "Responding to Strategic Needs: Reinforcing the use of evaluation" (SEC (2007) 213).

TASK 1

EX-POST EVALUATION OF THE PUBLIC HEALTH PROGRAMME 2003-2008 (PHP)

1.1. The Public Health Programme

Article 152 of the Treaty establishing the European Community states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. The Community is required to play an active role by complementing national policies to improve public health, prevent human illness and diseases, and obviate sources of danger to human health.

The Public Health Programme (PHP) 2003-2008 aimed to address concerns about health risks and provide coherent and coordinated assistance to the Member States for a high level of health protection throughout the EU. Health related activities in the EU must have a high level of visibility and transparency and allow all stakeholders to be consulted and participate in order to promote better knowledge and communication flows. This enables greater involvement of individuals in decisions that concern their health by providing them with simple, clear and scientifically sound information about measures to protect health and prevent diseases in order to improve the quality of life.

The PHP integrated the previous eight separate health actions on different public health topics³ into a coherent framework.

1.1.1. General objectives

The three main objectives, as set out in the legal basis of the PHP, Decision N° 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 (*Official Journal L 271/1 of 9.10.2002.p. 1*) are as follows:

- Improve information and knowledge for the development of public health,
- Enhance the capability of responding rapidly and in a coordinated fashion to threats to health,
- Promote health and prevent disease through addressing health determinants across all policies and activities

The Programme strived to improve public health and make it more efficient across the EU, by ensuring a high level of human health protection in the definition and implementation of all Community policies and activities and tackling inequalities in health. It seek to set up a high level of sustained cooperation and coordination between and with Member States' health

³ http://ec.europa.eu/health/ph_programme/previous_programme_en.htm

authorities. Cooperation between Member States is a requirement for successfully enhancing the effectiveness of public health networks across the EU.

1.1.2. From general to specific objectives

The three main objectives of the PHP translate into three strands of activity:

<i>Health information:</i>	To improve information and knowledge for the development of public health;
<i>Health Threats:</i>	To enhance the capability of responding rapidly and in a coordinated fashion to health threats;
<i>Health Determinants:</i>	To promote health and prevent disease through addressing health determinants across all policies and activities.

These strands seek to create sustainable mechanisms to enable the Member States to coordinate their health-related activities and to tackle inequalities in health. They strive to improve public health by preventing human diseases and disorders, and to obviate sources of danger to health. This is done through preventive measures, education and information, health promotion and health systems.

More specifically:

- The objective of the **health information** strand is to establish a sustainable EU-wide system for comparable data and information on health and health-related behaviour as well as on diseases and health systems to support health policy development and implementation. This should be based on commonly agreed European-wide indicators. The system is being developed on the basis of previous work in former Community health programmes. It should complement the activities of the Community Statistical Programme and work underway in Community agencies and international organisations such as the WHO and the OECD. It provides regular reporting on health in general and generates a flow of information, analysis and exchange of best practice in the public health field at European level. (*Article 3, paragraph 2, points (d) and (e) of the Programme Decision*)

- The strand for **health threats** addresses infectious diseases that threaten the health of EU citizens. It seeks to prevent the transmission of emerging pathogens and the resurgence of others, as well as enhancing a rapid and coordinated response to these threats. Epidemiological surveillance of communicable diseases seeks to bring about interventions that contribute to the reduction of morbidity and/or mortality. Strict quality and safety criteria for handling blood and substances of human origin constitute an important measure. Health threats from chemical, biological and radio-nuclear sources, including terrorist acts and environmental agents can be countered by early warning and rapid response systems, and by vaccination and immunisation strategies. (*Article 3, paragraph 2, point (a) of the Programme Decision*)

- Tackling major **health determinants** is crucial to reducing the burden of disease and promoting public health. Actions and networks for gathering, providing and exchanging information in order to assess and develop policies, strategies and measures, with the purpose of establishing effective interventions tackling the determinants of health, are encouraged and supported. Member States' efforts in this field are promoted, e.g. by way of innovative projects which provide examples of effective practice. Socio-economic factors and life cycle approaches are considered in all actions aimed at tackling lifestyle-related health determinants. (*Article 3, paragraph 2 point (b) of the Programme Decision*)

All three strands seek, also, to contribute to developing Community legislative instruments in the field of public health, impact assessment of legislation, and coordination between the Community and its Member States in forums where health-related matters are discussed (*Article 3 paragraph 2, point (c) of the Programme Decision*).

The programme participates in joint strategies and actions with other relevant EU programmes and actions to incorporate health aspects and ensure that it is underpinned by policy (*Article 4 of the Programme Decision*).

The operational objectives of the Programme are formulated as actions and support measures described in the Annex of Decision N° 1786/2002/EC.

1.1.3. Implementation of the Programme

The Programme was allocated a budget of 284 M€. The Programme has been implemented through an operational budget of 260 M€, by call for proposals (90% of the operational budget), call for tenders for service contracts and direct grant agreements (10% of the operational budget). Administrative support measures and design of EU Community legislative instruments for health were financed by the Programme's Administrative budget of 24 M€ by means of technical assistance service contracts, reimbursement of experts for their participation in meetings and conferences etc. Detailed information is available in the Annual Activity reports for the implementation of the Programme for years 2003-2004, 2005, 2006 and 2007.

The calls for proposals were based on the priority areas described in the annual work plans for the Public health programme. Following a call for proposals, grant agreements were signed with successful candidates representing groups of partners from the Member States for projects with a life-span of two-three years. This instrument has the advantage of encouraging and supporting Members States' activities with the widest possible EU coverage in specific health areas. The widest possible cooperation was clearly underlined in the Programme decision on actions requiring implementation through local and regional authorities and non-governmental organisations.

Calls for tenders were used to address specific needs more effectively and to concentrate work on specific problems and methods with shorter timetables (1 year mostly) and where the results should be the property of the Commission.

The Programme was intended to support structures and projects which enhanced the capabilities of individuals, institutions, associations, organisations and bodies in the health sector. It aimed to facilitate the exchange of experience and best practice and provided a basis for a common analysis of the factors affecting public health. Expertise and experience in effective methods were expected to be gathered as a pre-requisite for implementing measures and quality criteria for promoting health with the aim to be incorporated in a transparent EU knowledge base.

The Programme set out to increase cooperation with international bodies such as the WHO, the World Bank, the OECD, the Council of Europe and the European Observatory on Health Systems and Policies. Direct grant agreements were negotiated for the first time in 2005 with the WHO and the OECD, and the experience was renewed in 2006 and 2007, on specific health issues on which the signing parties had jointly agreed to investigate and make progress.

The Programme also set out to contribute to legislative activities through preparatory work either via the abovementioned calls for proposals and for tenders or via coordination of the Member States through meetings to help shape a common EU position and discuss health-related matters.

1.2. Legal obligations regarding evaluation

Article 21 of Decision N° 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 (*Official Journal L 271/1 of 9.10.2002, p. 1*) sets an obligation to the European Commission to evaluate the PHP.

Monitoring, evaluation and dissemination of results

1. The Commission, in close cooperation with the Member States, shall regularly monitor, where appropriate with the help of experts, the implementation of the actions of the programme in the light of the objectives. It shall report annually to the Committee. The Commission shall transmit a copy of its main findings to the European Parliament and to the Council.

2. At the request of the Commission, Member States shall submit information on the implementation and the impact of this programme.

3. By the end of the fourth year of the programme, the Commission shall have an external assessment conducted by independent qualified experts of the implementation and achievements during the three first years of the programme. It shall also assess the impact achieved on health and the efficiency of the use of resources, as well as the consistency and complementarity with other relevant programmes, actions and initiatives implemented under other Community policies and activities. The Commission shall communicate the conclusions thereof, accompanied by its comments, to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions. The Commission shall also submit to those institutions and bodies a final report on the implementation of the programme by the end of the year which follows the end of the programme.

4. The Commission shall make the results of actions undertaken and the evaluation reports publicly available.

Furthermore, Article 21 of Commission Regulation (EC) N° 2342/2002, laying down detailed rules for the implementation rules of the Financial Regulation applicable to the general budget of the European Communities, stipulates that all programmes and activities occasioning budgetary expenditure exceeding EUR 5,000,000 are to be the subject of an interim and/or ex post evaluation of the human and financial resources allocated and the results obtained in order to verify that they were consistent with the objectives set.

1.3. Previous evaluations and audits

An interim evaluation of the PHP was conducted in 2006⁴ by an external evaluator. It drew a number of positive conclusions and also highlighted a number of areas for improvement in the further implementation of the PHP and for the development of the second Health Programme 2008-2013. An Action Plan to implement the recommendations of the Interim Evaluation was drawn up by DG SANCO in October 2007. The main results and recommendations were disseminated by way of a Communication to the EP, the Council, the European Economic and Social Committee and the Committee of the Regions on 24.7.2008, [COM (2008) 484 final]. The interim evaluation focused mainly on projects co-funded in the period 2003-2005 under annual calls for proposals, which form the main activity of the programme. As most of the projects examined were at an early stage of development at the time of the interim evaluation, the evaluators were unable to measure to what extent the objectives of the programme had been met by these projects.

⁴ http://ec.europa.eu/health/ph_programme/2003-2008/eval2003_2008_en.htm

In 2008, the Court of Auditors audited projects in the specific area of Health Promotion under the PHP. The evaluators should pay due attention to the results of this audit (report will be made available to evaluators) and the Court's conclusions and recommendations.

2. DESCRIPTION OF THE ASSIGNMENT

2.1. Purpose and objectives of the final evaluation

The objective of the final evaluation is to assess the effectiveness, efficiency and utility of the PHP. The impact that projects and other activities financed under the PHP have had on the improvement of public health in the Member States and the EU is also one of the main aspects of this evaluation.

The evaluation should focus on the implementation and achievements of the Programme. This will start with the drafting of the Annual Work Plans (and here process and outcomes are equally important) and their interlinking, including the degree of relevance of the specific objectives of the Programme Decision. The evaluation is expected to provide information regarding the coverage of needs and expectations at local, national and European level and on the way this has been achieved or not. The contractor will evaluate all types of projects and actions financed by the PHP and will identify the lessons to be learned from the implementation and impact of the first PHP.

The link between the projects and other actions financed under the PHP and between the operational and policy objectives described in the Annex to the Programme decision should be established, with an indication of the amounts invested in each of the objectives achieved, still ongoing or not achieved. Extensive data produced by the Executive Agency *e.g.* during the different mapping exercises of priorities versus projects, should be used.

Taking into account how the choice of financial mechanisms was made, the ways the calls for proposals and tenders were organised and disseminated, and how the evaluation for the award of the best projects was carried out, evaluators are expected to make recommendations for improving the Programme's implementing procedures.

Finally, the value of the outcomes of projects has to be assessed through the policy impact generated at national and European level, and the degree of dissemination and valorisation of the results within the scientific community and other stakeholders.

Comparability of health data and information and compatibility and interoperability of systems and networks, as described under Article 5 of the Programme decision are issues of crucial importance in measuring the generated impact.

The widest possible participation in the Programme and efforts to ensure cooperation with other EU Programmes and policies is another set of success factors to be examined.

To make a better quantitative assessment of the level of cooperation, the evaluation should incorporate linkage data available via open access software. These linkage maps could be established using open access software: <http://vlado.fmf.uni-lj.si/pub/networks/pajek/>

In order to avoid non discriminatory output where programme features are evaluated across a board array of priorities, case studies (2 per strand and based on suggestions⁵ from operational units) are suggested.

Health indicators produced in the PHP (*Healthy Life Years* Indicators, *ECCHI* indicators, etc.) will be available to the evaluators as background information. This may help evaluators to link the PHP work with the policy development. These indicators depict the health situation in Europe, and thus add to the progress made on health capacity.

2.2. Expected results from the evaluation

The results of the evaluation should help the Commission to:

- *report on Programme implementation to the European Parliament and the Council,*
- *better define the needs of any future Programme with more focused and more explicit objectives and success indicators,*
- *reconsider the scope for EU public health activities and the approach to EU funding,*
- *design a legacy plan to contribute to the sustainability of outcomes*
- *validate empirical definitions of networks, and information systems, etc.*

It is expected that for the above mentioned purposes, the contractor will undertake the following steps:

i. Intervention logic of the Programme

Before starting the evaluation, experts are expected to present their own interpretation of the intervention logic of the Programme Decision and the Annual Work Plans. They will check whether it is consistent with the implementation of the Programme: to what extent the financed projects and other actions meet the operational and specific objectives. It is considered of particular interest to identify the driving forces in the formulation of a priority, the relationship with the policy item, its position in the policy cycle and the driving forces behind the collaborative effort of the proposed projects, the latter being crucial in terms of EU added value. The analysis of the intervention logic needs to take other EC policies and programmes into account from the point of view of competition, complementarity and added value.

ii. Data and information gathering

Based on a great deal of data already available from previous work, complete information needs to be gathered on the total number of projects and actions financed through the PHP, together with their outcomes and results. The information should be structured in the form of aggregations by type of action, funding mechanism (grants, tenders, direct agreements with International Organisations), type of beneficiary (public administrations, universities, health institutes, non-governmental organisations, private bodies etc), by country, amount financed and geographical coverage.

iii. Analysis and evaluation

The PHP will be evaluated against the requirements set out in these specifications and the specified methodological approach proposed by the contractor and accepted by the Steering Group. Using a standard evaluation approach, replying to the evaluation questions on the

⁵ Items for the case studies will be made known at the kick-off meeting.

basis of factual evidence and founded analysis is considered the core activity of the evaluator. The evaluator should make a distinction between project and programme outcomes in terms of the values attached.

Evaluators should address different aspects of sustainability and realities of Programme support. Sustainability has both intrinsic conditions (for instance technically obsolete actions are not sustainable) and extrinsic components (the need for network to gain independence from EC support). However, in a growing number of policy areas, long term support for actions are a prerequisite for implementation such as those needed to provide long term building up of expertise or technical cooperation.

iv. Conclusions and recommendations

The evaluation should take account of all the conclusions and recommendations of the previous evaluation and audit, and also of the structural arrangements. It should assess the PHP and its outcomes in relation to the means available to achieve the Programme objectives. The final evaluation should make clear whether and how the outputs of projects contribute to the outcomes of EU policy, complement national health initiatives, create European added value and improve human health protection.

Evaluators are expected to provide practical recommendations based on factual data and meaningful indicators. In order to implement the recommendations effectively and improve the current Health Programme, and better design a future one, evaluators should have in mind (i) that Community is committed continuing to support Member States in their joint health activities as provided for in Article 152 of the Treaty, and (ii) the use of appropriate legislative and financial instruments should be geared to equal access to and involvement in the programme.

2.3. Evaluation questions

The following questions should be answered after analysis against appropriate judgement criteria. The contractor should propose these judgement criteria for each of the evaluation questions in his bid. The judgement criteria will be assessed when evaluating the technical quality of the bids.

RELEVANCE:

Q1. To what degree (both qualitative and quantitative) do actions financed under the Public Health Programme address the perceived and real needs of stakeholders?

Q2. To what extent do the actions financed under the PHP correspond to the Programme's specific objectives taking into account the overall programme objectives and the annual priorities?

Q3. What is the added value of actions financed under the PHP in comparison to those funded by other EU programmes or Member States, taking account the available financial resources of the PHP?

EFFECTIVENESS:

Q4. To what extent do the results obtained through the provision of financial support for specific projects/activities help to achieve the objectives of the Programme and what is their position and proportion in the SANCO policy cycle?

Q5. To what extent has the Programme contributed to the preparation, development and implementation of EU public health policy initiatives, including the preparation of legislative actions and the establishment of structured cooperation between Member States and with stakeholders?

Q6. Have the projects produced evidence, data or methodologies with significant value? What is their current use in the EU?

Q7. To what extent has the PHP helped transmit experience/best practices to and from health stakeholders?

Q8. To what extent has knowledge generated by the PHP been disseminated and how?

Q9. Are the different financial instruments used effectively to achieve the objectives of the Programme in the most cost-effective way? If no, why not?

Q10. Are the Programme objectives and available resources in balance with the number of priorities in the AWP in view of a reasonable number of meaningful projects? If not, what difficulties does it pose?

CONSISTENCY/COMPLEMENTARITY:

Q11. To what extent is consistency and complementarity ensured between actions implemented under the Programme and other EU policies and activities, and with actions implemented at national or international level? Please draft a *matrix based on case studies* as well as with corresponding MS activities

SUPPORT/INVOLVEMENT:

Q12. To what extent are stakeholders familiar with EU public health policy in general and the way the Programme supports this policy?

Q13. To what extent do differences (*e.g.* socio-economic, cultural, etc) between Member States create barriers to access to/ involvement in the PHP?

Q14. How are the needs of the different Member States translated in terms of a) priorities? and b) involvement in projects?

MONITORING:

Q15. Does the current monitoring system⁶ deliver the information needed to support sound implementation of the Programme?

SUSTAINABILITY⁷:

Q16. To what extent are Programme tools appropriate to ensure sustainability (in terms of both the sustaining impact and the source of funding)?

Q17. How can the Programme be brought to support projects in areas where a defined policy interest for a longer life cycle than the normal three years exists? In this case what is the kind of elements/mechanisms that projects should reasonably comprehend to ensure sustainability in terms of impact (or sustainable impact)?

2.4. 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.

The Commission envisage submitting the draft final evaluation report for an external peer review assessment.

Methods and tools should be proposed in the bid and further developed in the inception report. The contractor may propose methods and tools that are considered appropriate to answer the evaluation questions, suggest benchmarks and define suitable indicators. The final version of the questions and indicators must be submitted to the Steering Group for its consent.

The full list of projects co-financed in the period 2003-2007 can be found on the website of DG SANCO⁸ and in the EAHC database of projects⁹). At this stage the major part of the Public Health Programme has produced its final outcomes.

Information concerning other activities under the Public Health Programme and related to EU legislation is also available on the same website.

Data shall be gathered from primary and secondary sources. The collection of primary data is of major importance. The contractor should use interviews, focus groups, and case studies. **Two case studies per strand are recommended. Contractors will be informed of the subject of these case studies at the kick-off meeting.** Access to data and information will be

⁶ Refer to Article 21 (1) of Programme Decision N° 1786/2002/EC

⁷ Evaluations questions 16 and 17 should not be addressed only by interviews but also by comparative assessments of the issues in similar programmes and actions in the EU and internationally.

⁸ http://ec.europa.eu/health/ph_projects/project_en.htm

⁹ <http://ec.europa.eu/eahc/projects/database.html>

given to the contractor. A wide representation of key stakeholders, such as other institutions (European Parliament, Council), competent national authorities, international institutions and partners, and relevant interest groups (association of patients, NGOs, professional bodies and learned societies at EU level, etc.) must be covered. 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.

Contractors can propose other tools for data collection and analysis as they see fit, including desk research, questionnaires, workshops, bibliometrics, focus group interviews, concept mapping, Delphi methods etc. The use of freely available bibliometrics and linkage software is recommended.

The assessment will be based mostly on qualitative analysis of data and be structured and transparent in line with the principle of triangulation.

The evaluation method, the case studies selected and the stakeholders to be consulted will be formally agreed upon with the Commission during the inception phase.

2.5. Reporting and deliverables

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, and critically assessed as it provides the basis for tracking the quality of the work done by the evaluator. In addition to the three meetings with the Health Interservice Group in Brussels, the contractor will participate in another four 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 (total of seven in number) 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.

Kick-off meeting

Prior to embarking on the structuring phase of the evaluation, members of the evaluation team of the contractor will participate in a kick-off meeting with the Steering Group. The purpose of this meeting is to verify:

- the team's understanding of the Terms of Reference
- the proposed general approach to the work (methodology, scope, etc.)
- the composition of the full evaluation team.

Inception report – within 1 month of the signature of the contract

The final version of questions and indicators must be submitted to the Steering Group.

The inception note completes the structuring phase of the evaluation. It should set out in detail how the proposed methodology will be implemented, and in particular how the method allows each evaluation question to be answered, will present the indicators to be used, and will provide a judgement. 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 terms of reference.

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 preliminary findings and/or 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 the evaluation has focused on the specified information needs.

Draft final report – 3 months after the interim report

This document will provide the conclusions of the evaluator in respect of the evaluation questions in the terms of reference. These will be based on evidence generated through the evaluation. Any judgements provided should be clear and explicit. The draft final report may also contain explanatory recommendations made on the basis of the conclusions reached by the evaluator. The draft final report should be structured along the lines of common Evaluation Standards and include an executive summary (factual data concerning the implementation of the Programme and synthesis of analyses and conclusions), the main report (presenting the results of the analyses in full, conclusions and recommendations) and technical annexes.

Final report – to be submitted 1 month after communication of comments made by the SG on the draft final report.

The final report 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.

The final report should be prefaced by an executive summary (covering the main findings and recommendations) of no more than 5-6 pages.

It is essential that the reports be clear, unambiguous and comprehensive. They should also be understandable for the non-specialists. The contractor should provide the final report in both MS-Word and Adobe Acrobat (PDF). 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 three presentations to interested stakeholders groups. The copyright of the reports remains with the Commission.

2.4. Timetable of the evaluation exercise

- **August 2009** : Evaluation of bids made by the three contractors of the Framework contract on the basis of the current Terms of Reference
- **End August/Beginning of September 2009**: Signature of the specific contract
- **Mid-September 2009**: Kick-off meeting
- **Mid-October 2009**: Inception report describing the proposed methodology
- **Beginning of November 2009**: Meeting with the contractor and the Steering Committee (*closing of the structuring phase*)
- **By end of January 2010**: Interim report detailing the progress of the evaluation work
- **Mid-February 2010**: Meeting with the contractor and the Steering Committee on the interim report

- **May 2010:** Draft Final Report from the contractor for consideration by the Steering Committee
- **June 2010:** Meeting with the Contractor and the Steering Committee (*closing of the evaluating phase*)
- **July 2010:** Final report (*opening of the dissemination phase*)
- **July-September 2010:** Presentation of the evaluation results to interested stakeholders at the request of the Commission
- **By October 2010 :** Action plan agreed
- **December 2010:** Communication of the evaluation results to the European Parliament and the Council, for adoption (*closing of the dissemination phase*)

It is foreseen that the meetings for Task 1 and 2 are combined.

The last two steps (in October and December 2010) are the culmination of the evaluation exercise for which Commission has entire responsibility. They are included in the timetable to allow the contractor to incorporate his work in a broader context.

TASK 2

FIRST INTERIM EVALUATION OF THE PUBLIC HEALTH EXECUTIVE AGENCY (PHEA), (EXECUTIVE AGENCY FOR HEALTH AND CONSUMERS (EAHC) SINCE JULY 2008)

1. BACKGROUND

Council Regulation N° 58/2003 of 19 December 2002 laid down the statute for executive agencies to be entrusted with certain tasks in the management of Community programmes on behalf of the Commission and under its responsibility. Article 25 of the said Decision stipulates the requirements regarding the evaluation of executive agencies:

- 1. An external evaluation report on the first three years of operation of each executive agency shall be drawn up by the Commission and submitted to the steering committee of the executive agency, to the European Parliament, to the Council and to the Court of Auditors. It shall include a cost-benefit analysis as referred to in Article 3(1).*
- 2. The evaluation shall subsequently be repeated every three years under the same conditions.*
- 3. Further to the evaluation reports, the executive agency and the Commission shall take all appropriate steps to resolve any problems identified.*
- 4. If, further to an evaluation, the Commission finds that the very existence of an executive agency is no longer justified with a view to sound financial management, the Commission shall decide to wind up that agency.*

The Public Health Executive Agency was established by Commission Decision N° 858/2004/EC of 15 December 2004 for the management of Community action in the field of public health under the supervision of the parent DG, DG SANCO. Its mission and scope were extended until 2015 by Commission Decision N° 544/2008/EC of 20 June 2008, whereby the Executive Agency for Public Health Programme (PHEA) was transformed into Executive Agency for Health and Consumers (EAHC) responsible for the management of the second public health programme 2008 – 2013 and implementation of the Consumers and Better training for food safety Programmes. The Agency's Director was appointed in January 2006 and took over responsibilities for publishing the posts and recruiting the appropriate staff. The Agency became operational in spring 2006 with the launch of the 2006 call for proposals. However, financial transactions continue being managed by the parent DG. The Agency reached full autonomy in January 2007 after the recruitment of the Accountant officer.

The evaluation will cover three years of the Agency's operational life dealing only with the two Health Programmes from spring 2006 to the middle of 2009, the starting point being the first call for proposals launched by the Agency in spring 2006. Nevertheless the previous period 2005-2006 should be also taken into consideration.

An audit of all Executive Agencies is currently under way by the Court of Auditors. The audit is being conducted at the request of Budget Commissioner and its preliminary findings are now available.

2. PURPOSE AND OBJECTIVES OF THE EXTERNAL EVALUATION

The results/recommendations from the evaluation will form the basis for any decisions regarding the existence and operation of the Executive Agency, mainly for the purposes of improving how it functions and its accountability vis-à-vis the Commission and the other European Institutions.

The evaluation will include a cost-benefit analysis (CBA) covering the elements listed below in point 5, and in particular:

- Identification of the tasks justifying outsourcing
- Costs of coordination and checks
- Impact on human resources
- Possible savings within the general budgetary framework of the European Union
- Efficiency and flexibility in the implementation of outsourced tasks
- Simplification of the procedures used
- Proximity of outsourced activities to final beneficiaries
- Visibility of the Community as promoter of the Health Programme
- Need to maintain an adequate level of know-how inside the Commission.

The final report presenting the conclusions of the evaluator should also collate and clearly present all the elements of the CBA allowing the Commission to report to the budgetary authority. When doing so, the evaluator has to take into account previous CBAs (creation of the Agency, extension or expansion of its tasks).

With reference to article 3, paragraph 2 of the framework Regulation N° 58/2003 of 19 December 2002, "*where the Commission considers that it no longer requires the services of an executive agency which it has set up, or that its existence no longer complies with the principles of sound financial management, it shall decide to wind it up*", the cost-benefit analysis should also consider closing down the agency as possible scenario, with a calculation and detailed breakdown of costs to be occurred in two specific cases:

- close-down as quickly as possible (shortest reasonable and realistic time frame)
- close-down on expiry of its current mandate in 2015.

The Contractor should provide and apply a comprehensive methodology for this purpose focusing on:

- the specific costs of a close-down, involving the costs of meeting obligations vis-à-vis contractual and temporary staff, and possibly other significant costs;
- the specific costs of ensuring continuity of programme implementation in the all-Commission option, including transfer of knowledge and files, and possible other costs.

3. THE EXECUTIVE AGENCY: MISSION, STRUCTURE AND RESOURCES

Commission Decision No 1786/2002/EC and Decision No 1350/2007/EC, and the Commission Decision delegating powers to the Agency for the Public Health programme, lays down the following implementation tasks for the programme:

- managing the phases in the lifetime of specific projects, in the context of implementing the programme on public health, on the basis of Decision No 1786/2002/EC and Decision No 1350/2007/EC and of the work plan provided for in these Decisions and adopted by the Commission, and carrying out the necessary checks to that end; for monitoring and dissemination purposes, the Agency must take the necessary steps, including approaching the signatories to agreements, to create a database for projects or to continue an existing one, incorporating a project description and final results;
- adopting the instruments of budget execution for revenue and expenditure and carrying out, where the Commission has empowered it to do so, all the operations necessary for the management of the Community programme and in particular those linked to the award of contracts and grants;
- providing logistical and technical support by organising technical meetings (management of non-political working groups), seminars and conferences;
- helping to evaluate the programme's impact, in particular annual and/or mid-term evaluation of programme implementation;
- producing overall inspection and supervision data
- participating in preparatory work on financing decisions.

These tasks apply to the implementation of the annual priorities arising from the annual work programmes adopted in accordance with Article 8 (1)(a) of the programme.

The Agency's own mission statement is delivered by its Work plans 2005-2007:

"The Executive Agency for Public Health Programme aims to deliver excellent service, underpinned by a consistently high standard of technical and financial management as well as transparency in the performance of the programme implementation tasks and activities entrusted to it by the Commission".

The Agency is managed by a Steering Committee of five members appointed by the Commission for two years, and a Director appointed by the Commission for four years. The organisational structure of the Agency was adopted at the first meeting of the Steering Committee.

The Agency has about 40 staff to implement tasks relating to the Programme. After a gradual transfer of co-funded projects from Directorate C of DG SANCO to the Agency during 2006, the Agency took over full responsibility of the project cycle from calls for proposals to financial transactions and monitoring of the projects in 2007.

The Agency currently manages about 300 projects. A new call for proposals was launched on 26 February 2009. Under this call the Agency will manage three different financial instruments (grants for action, operating grants and joint actions). In addition, a significant number of calls for tenders under the Health Programme will be also managed by the Agency in 2009.

To carry out its tasks, the Agency receives a subsidy from the general budget of the European Union from funds allocated to the Health Programme:

<i>Budget line</i>	<i>Heading</i>	<i>Appropriations 2009</i>	<i>Appropriations 2008</i>	<i>Outturn 2007</i>
17 01 04 30	EAHC – Subsidy for Programme under Heading 3B	5.62	4.1	4.1
17 01 04 31	Executive Agency for Health and Consumers — Subsidy for programmes under Heading 2	1.1	-	-

In millions €

The current budget lines relating to the implementation (administrative and operational appropriations) of the Health Programme are the following:

<i>Budget lines</i>	<i>Heading</i>	<i>Payments</i>		<i>Commitm.</i>	<i>Payments</i>	<i>Commitm.</i>	<i>Payments</i>
		<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2007</i>	<i>2006</i>	<i>2006</i>
17 03 01 01	Completion of Public Health Programme (2003-2008)	35	31.4	46.94	46.44	51.69	51.64

In millions €

<i>Budget lines</i>	<i>Heading</i>	<i>2009</i>		<i>2008</i>	
		<i>Commitments</i>	<i>Payments</i>	<i>Commitments</i>	<i>Payments</i>
17 03 06	Community action in the field of Health	47	15	45.2	3

In millions €

The financial contribution of EFTA countries is not included in the above mentioned amounts.

Since July 2008, the EAHC also manages Community action in the field of Consumers (19.8 M€ in commitment appropriations in 2009) and better training for safer food (12.3 M€ in commitments appropriations for 2009)

4. THE EVALUATION QUESTIONS

Under article 25 of Regulation 58/2003, the evaluation should include a Cost-Benefit Analysis (CBA), as mentioned in Article 3, point 1).

RELEVANCE:

Q.1: To what extent is the Agency relevant to the needs it is intended to meet?

Judgement criteria linked to the aspects to be covered by the CBA

- The nature and range of tasks entrusted to the agency continue to justify outsourcing
- The operations of the Agency are in line with the Decision creating the Agency and the instrument of delegation

Indicative list of judgement criteria

- The Agency provides the most appropriate framework for managing the Health Programme and answering to the needs of stakeholders (Commission-parent DG) and addressees (Programme beneficiaries and others).
- The Agency has adapted to changes in the tasks entrusted to it.
- The number and qualifications of the human resources allocated to the Agency match the objectives and tasks allocated to it

Possible sources of information

- Instrument of delegation.
- Annual work programmes.
- Annual activity reports.
- Main stakeholders (Agency, Parent DG, in particular operational units responsible for programme implementation, and Steering Committee) e.g. through interviews.
- Customer survey.
- Commission report on activities carried out by the Agency.
- Opinions issued by the Programme Committee.

Q2. To what extent does the Agency have the human resources it needs to fulfil its tasks?

Indicative list of judgement criteria

- Number of projects per project officer and financial officer
- Job descriptions and distribution of tasks
- Number of financial mechanisms in comparison with the past Public Health Programme
- Staff allocated to horizontal services
- Turnover

Q3. To what extent is the Agency able to recruit and retain staff of the required level in Luxembourg?

Indicative list of judgement criteria

- Staff turnover

- Career development prospects
- Competitiveness of salaries
- Specific high qualification profiles

EFFECTIVENESS:

Q.4: To what extent has the Agency succeeded in implementing the Public Health Programme (old and new)?

Indicative list of judgement criteria

- The Agency has provided the necessary expertise in time to put the structures, processes and procedures in place implement the Programmes.
- The Agency has achieved the objectives it set in its Annual Management Plans.
- The Agency helped to increase the quality of proposals submitted (better organisation of calls, clearer communication of awarding criteria, improved application forms, more info-days, helpdesk for applicants etc.).
- The Agency has monitored financed projects more efficiently.

Possible sources of information

- Instrument of delegation (description of tasks, conditions and arrangements to be applied in performance of the tasks, etc.)
- Annual work programmes.
- Annual activity reports.
- Main stakeholders (agency, parent DG and Steering Committee) e.g. through interviews.

Q.5: To what extent has the Agency improved processes related to the implementation of the health programmes (previous and current)?

Indicative list of judgement criteria

- The Agency has given "routine" and structure to the evaluation process and negotiation phase and improved the "time to contract" period.
- The Agency communicated clear evaluation criteria for the awarding of projects and ensured effective application by external evaluators
- The Agency has shortened the payment times in line with the financial rules.
- The Agency has created a database for promoting the results of projects and provided relevant information regarding potential partners to be found for future cooperation
- The Agency has conducted mapping exercises to define areas of work on which the parent DG could focus its attention and include them in the Annual Work Plans of the Programme.
- The parent DG is satisfied with the services provided by the Agency.

Possible sources of information

- Instrument of delegation.
- Annual work programmes.
- Call for proposals and guidelines for applicants
- Annual activity reports.
- Main stakeholders (agency, parent DG and Steering Committee) e.g. through interviews.
- Audit reports and monitoring reports.

Q.6: To what extent has the Agency led to an improved management of the programmes and better services to the European Institutions and other stakeholders and addressees as compared to alternative options¹⁰?

Judgement criteria linked to the aspects to be covered by the CBA¹¹

- The Agency provides adequate expertise and the know-how needed for managing the Programme.
- The Agency has led to improved management of the Programme in terms of timeliness, accuracy, etc.
- The tasks of Programme management are implemented according to deadlines.
- Timely and adequate responses are given to ad-hoc information/service requests.
- The Agency has provided training to the Programme's National Focal Points and sought to stimulate the interest Member States have in the health Programme (such as organisation of info days at EU level in Members States).
- The Agency has improved communication matters (Info days organised in Luxembourg and MS help-desk dedicated to potential applicants, customer satisfaction surveys, etc.) and the visibility of the Programme and the Commission.
- The Agency has created a database for promoting the results of the projects and providing relevant information regarding potential partners to be found for future cooperation.
- The Agency has conducted mapping exercises to define the main cooperation organisms/structures/NGOs.
- Stakeholders (parent DG and Agency addressees) are satisfied with the services provided by the Agency.

Possible sources of information

- Annual activity reports.
- Customer satisfaction survey.
- Minutes of the Steering Committee meetings.
- Key stakeholders (agency, DG SANCO and addressees).
- Internal reports and studies.

Q.7: To what extent does coordination between the Agency and the Commission (including the parent DG and the relevant horizontal services and offices) work satisfactorily?

Indicative list of judgement criteria

- Clear and appropriate (no overlaps or gaps) delimitation of responsibilities and tasks between the Agency and DG SANCO.
- Adequate flow of information and cooperation between the Agency and DG SANCO
- Appropriate mechanisms and instruments put in place to ensure adequate coordination and information flows between the Agency and the Commission services.
- The Agency provides useful information for the policy process (e.g. information required for the Annual Management Plan of DG SANCO).

Possible sources of information

- Instrument of Delegation (it formalises the relationship between the Agency and

¹⁰ For the alternative options refer to the ex-ante CBA prior to the establishment and extension of EAHC.

¹¹ Art. 3(1) of Regulation 58/2003, establishes that the following aspects should be analysed: flexibility in the implementation of outsourced tasks, simplification of procedures used, proximity of outsourced activities to final beneficiaries and visibility of the Community as promoter of the programme.

DG SANCO and determines its content).

- Monitoring reports.
- Minutes of meetings between the Agency and the DG SANCO.
- Minutes of the Steering Committee meetings.
- Agency and DG SANCO staff e.g. through interviews.
- Memoranda of understanding and Service Level Agreement signed by the Agency and the Commission services and offices.

Cost-effectiveness and operational efficiency

Q.8: To what extent has the Agency carried out its work efficiently?

Judgement criteria linked to the aspects to be covered by the CBA

- The Agency has resulted in savings to EU budget as compared to the previous situation and alternative options.
- The actual costs (including cost of coordination with and monitoring by the parent DG) of the Agency correspond to the estimates made in the CBA carried out for its creation and/or extension of the timeframe and tasks.
- The management and execution of the Programme by the Agency is cost-effective compared with alternative options, including in terms of the cost of co-ordination and checks and efficiency in the implementation of outsourced tasks.

Possible sources of information

- Previous CBAs (carried out for the creation of the agency, the extension of its tasks or timeframe).
- Specific Financial Statement.
- Agency budget.

Q9. To what extent are the costs of the Agency (including the annual costs of coordination and monitoring) justified by the added value the Agency has created and the progress made in management and execution of the Programmes since 2005?

Judgement criteria linked to the aspects to be covered by the CBA

- Improvements made to Programme implementation (see above mentioned questions 4-8 above) justify any additional cost from the Community budget

Q.10: To what extent have the Agency's internal organisation and procedures been conducive to making it its efficient?

Judgement criteria linked to the aspects to be covered by the CBA

- The structure and organisation of the Agency (size, organisational structure, staff composition, recruitment and training issues, staff turnover, etc) is adequate/proportionate to the work entrusted to it and to its workload.

Indicative list of judgement criteria

- The chain of responsibility within the Agency is clearly defined and there are appropriate management systems and procedures in place.
- The Agency complies with the principles of sound financial management.
- The organisation of the Agency ensures possible economies of scales resulting from the management of different programmes.

Possible sources of information

- Organisational Chart.
- Management plans.
- Minutes of the Steering Committee meetings.
- Key stakeholders (Agency and DG SANCO).

UTILITY:

Q.11. To what extent has the Agency enabled the Commission to focus more on its institutional tasks?

Indicative list of judgement criteria

- The creation of the Agency has enabled the Commission (within DG SANCO and across Commission DGs and Services via the central redeployment pool) to allocate staff to institutional tasks as compared to the previous situation (Commission's own management) and the alternative options¹².

Possible sources of information

- Annual Management Plan of DG SANCO.
- Working Document IV to PDB - "3.2.4 - Individual financial statements of the executive agencies" (part: Impact of the executive agency on the Commission's human resources).
- Financial Statement of the Agency.

Q.12: To what extent has the work of the Agency made it clearer for DG SANCO how to adapt the Programme and its Annual Work Plans to the needs of stakeholders and to increase visibility?

Indicative list of judgement criteria

- Innovative aspects of the health Programme (new financial instruments, greater focus on priority areas, etc.)
- Simplification/rationalisation of procedures.
- Development of new cooperation channels.
- Effective communication with stakeholders.

Possible sources of information

- Annual Work Programmes 2008 and 2009
- Calls for proposals 2008 and 2009
- Calls for tender 2009
- Annual activity reports
- Results of mapping exercises
- Presentations made by the Agency at national info days and international workshops
- Interviews with Health Programme National Focal Points

Q.13: To what extent has the Agency enabled the Commission to maintain an adequate level of know-how in relation to the programmes entrusted to the Agency? How has this been achieved?

¹² Examples of alternative options to the executive agency: management of the programme(s) by the Commission, partial management by the Commission while outsourcing some activities to the extent legally possible.

Judgement criteria linked to the aspects to be covered by the CBA

- The monitoring and reporting arrangements in place have enabled the Commission to benefit, in the short and medium term, from the know-how created within the Agency.
- Adequate flow of information and communication between the Agency and the Commission (in particular DG SANCO but also horizontal services and offices).
- Closing down the Agency would not result in losing significant know-how in relation to the management of the programmes entrusted to the Agency.

Possible sources of information

- Key stakeholders (Agency and parent DG).

Q.14: To what extent have the activities of the Agency resulted in unintended effects (both desirable and undesirable)?

Indicative list of judgement criteria

- No assessment criteria are proposed here because the effects in question are not intended.

Possible sources of information

- Stakeholders (parent DG, Agency, Steering Committee, addressees of the agency)
- Minutes of the Steering Committee meetings.
- Customer satisfaction surveys.
- Annual activity reports.
- Risks management reports.

5. REPORTING AND DELIVERABLES

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, and critically assessed, as it provides a basis for tracking the quality of the work done by the evaluator. The contractor will participate in specific meetings with the Steering Group to present and discuss the progress of the evaluation work just after the inception report, the interim report and the draft final report. Provision for four meetings to be held in Luxembourg shall be made in the offer. The contractor is requested to take notes of these meetings and submit them to the Steering Group members the week following the meeting for adoption.

The kick-off meeting

Prior to embarking on the structuring phase of the evaluation, members of the contractor's evaluation team will participate in a kick-off meeting with the Steering Group. The purpose of this meeting is to verify, on the basis of the offer,:

- the team's understanding of the Terms of Reference,
- the proposed general approach to the work (methodology, scope, etc.),
- the proposed composition of the full evaluation team.

Inception report – within 1 month of the signature of the contract

The final version of the questions and the indicators must be submitted to the Steering Group. This report completes the structuring phase of the evaluation. This document will set out in detail how the method proposed by the evaluator is to be implemented and in particular how

the method will enable each evaluation question to be answered, will present the indicators to be used, and will provide a judgement. This document will provide an opportunity to make a final check of the feasibility of the method proposed and the extent to which it corresponds with the information needs outlined in the terms of reference.

Intermediate report – 3 months after the inception report

The report will provide information on the initial analysis of data collected. The evaluator may already be in a position to provide preliminary findings and/or 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 schedule and whether the evaluation has focused on the specified information needs.

Draft final report – 3 months after the interim report

The document will provide a synthetic description of what has happened since the Agency was established and the conclusions of the evaluator with respect to the evaluation questions in the terms of reference. These conclusions will be clearly based on evidence generated through the evaluation. The judgements provided should be clear and explicit. The draft final report should also contain explanatory recommendations made on the basis of the conclusions reached by the evaluator. The draft final report will be structured along the lines of common Evaluation Standards and include an executive summary, the main report presenting in full the results of the analyses, conclusions and recommendations, and technical annexes.

Final report– 1 month after the meeting on the draft final report

The report will take account of the comments and discussions with the Steering Group on 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 the reports be clear, unambiguous, comprehensive and comprehensible to non-specialists.

The final report presenting the conclusions of the evaluator should also collate and clearly present all the elements of the CBA to allow the Commission to report to the budgetary authority. When doing so, the evaluator has to take into account previous CBAs (creation of the Agency, extension of its tasks).

The contractor will provide the final report in both MS-Word and Adobe Acrobat (PDF). The contractor will provide a PowerPoint presentation of key aspects and findings of the study, together with speaking notes. The contractor will give a maximum of three presentations to interested stakeholders groups at the request of the Commission. The copyright of the reports remains with the Commission.

6. THE TIME TABLE OF THE EVALUATION EXERCISE

- ***August 2009*** : Evaluation of bids made by the three contractors of the Framework contract on the basis of the Terms of Reference
- ***End of August/Beginning of September 2009***: Signature of the specific contract
- ***Mid-September 2009***: Kick-off meeting
- ***Mid-October 2009***: Inception report describing the proposed methodology
- ***Beginning of November 2009***: Meeting with the contractor and the Steering Committee (*closing of the structuring phase*)

- **January 2010:** Interim report detailing the progress of the evaluation work
- **Mid-February 2010:** Meeting with the contractor and the Steering Committee on the interim report
- **May 2010:** Draft Final Report from the contractor for consideration by the Steering Committee
- **June 2010:** Meeting with the Contractor and the Steering Committee (*closing of the evaluation phase*)
- **July 2010:** Final report (*opening of the dissemination phase*)
- **October 2010 :** Action plan agreed
- **February 2011:** Communication of the final report to the Steering Committee of the EAHC, the European Parliament and the Council.

It is foreseen that the meetings for Task 1 and 2 are combined.

The two last steps (in October 2010 and February 2011) are the culmination of the evaluation exercise for which the Commission has the entire responsibility. They are integrated in the timetable in order to permit the contractor to incorporate his work in a broader context.

REFERENCES

(i) Annexes to the Task Specifications For Task 1

- Programme Decision N° 1786/2002/EC
- Annual Work Plans 2003, 2004, 2005, 2006, 2007
- Call for proposals 2003, 2004, 2005, 2006, 2007
- General principles and criteria for the selection and funding of actions under the Public Health Programme (for years 2005, 2006, 2007) and Rules, criteria and procedures for the selection and funding of actions under the Public Health Programme (call evaluation procedure 2003 and 2004)
- Evaluations of call for proposals for years 2006 and 2007
- Annual Activity Reports of the Programme for years 2003-2004, 2005, 2006 and 2007
- Programme Indicators (a study made in 2003 at the beginning of the PHP)
- Annual Management Plans and Unit Management Plans

- DG SANCO Annual Activity Reports for years 2003-2004, 2005, 2006, 2007
- Final Evaluation of eight Community Action Programmes on Public Health (1996-2002)
- Interim Evaluation of the Public Health Programme 2003-2008
- Audit Report of the Court of Auditors on projects of the Health Determinants strand
- Commission Decision N° 2004/858 setting up the Executive Agency for the Public Health Programme as amended by Decision 2008/544 in order to transform the "Executive Agency for the Public Health Programme" into the "Executive Agency for Health and Consumers".
- Results of a mapping exercise concerning the "Completeness of the PHP coverage by the projects selected through the yearly calls for proposals (2003 – 2007)"
- Mapping and analysis of organisations active in the field of public health (in Draft status currently)
- Dissemination strategy of the Executive Agency for the Public Health Programme, October 2007
- Survey of the Evaluation of the network of National Focal Points (NFP) for the Health Programme 2
- List of Stakeholders

For Task 2

- Council Regulation (EC) N° 58/2003 of 19 December 2002
- Commission Decision 2004/858/EC of 15 December 2004 establishing the Public Health Executive Agency
- Commission Decision 2008/544/EC of 20 June 2008 transforming the Agency into the "Executive Agency for Health and Consumers" (extension of scope and mandate)
- Programme Decisions N° 1786/2002/EC (1st Public Health Programme) and N° 1350/2007/EC (2nd Health Programme)
- Annual Work Plans 2003, 2004, 2005, 2006, 2007, 2008; 2009
- Call for proposals 2003, 2004, 2005 managed by the Commission and 2006, 2007, 2008, 2009 managed by the Agency
- Evaluations of call for proposals for years 2006, 2007 and 2008.
- General principles and criteria for the selection and funding of actions under the Public Health Programme (for years 2005, 2006, 2007) and Rules, criteria and procedures for the selection and funding of actions under the Public Health Programme (call evaluation procedure 2003 and 2004)
- Annual Activity Reports of the Agency for years 2006, 2007 and 2008

- Preliminary findings of an audit conducted by the Court of Auditors on EU Executive Agencies
- List of Stakeholders

(ii) Other existing documentation/data and how to access it

For Task 1

- Interim and final reports of the co-funded projects during the period 2003-2007 (*see the Database of EAHC on Projects and the Website of DG SANCO*)
- Ex-post evaluations of co-funded projects regarding change of behaviour
- EU Health Strategy (*see EU Health Portal*)
- Conclusions of the EPSCO council in connection with the results of the Public Health Programme
(*the above list is not exhaustive*)

For Task 2

- Report of a cost-effectiveness assessment on externalisation arrangements for the Public Health Action Programme
- Cost-effective analysis for the extension of the Agency's scope and mandate
- Court of Auditors report on Executive Agencies , and more particularly annex IV focused on EAHC
- Survey of the Evaluation of the network of National Focal Points (NFP) for the Health Programme 2
- Results of a mapping exercise concerning the "Completeness of the PHP coverage by the projects selected through the yearly calls for proposals (2003 – 2007)"
Mapping and analysis of organisations active in the field of public health (in draft status currently)

(ii) Useful web-links

SANCO Website:

http://ec.europa.eu/health/ph_programme/2003-2008/programme_en.htm
http://ec.europa.eu/health/ph_programme/pgm2008_2013_en.htm

EU Health Portal:

http://ec.europa.eu/health-eu/index_en.htm

Executive Agency:

<http://ec.europa.eu/eahc/projects/projects.html>

Other Executive Agencies:

http://europa.eu/agencies/executive_agencies/index_fr.htm

Case studies

Case studies have been conducted for six case study areas chosen by DG SANCO; two for each PHP strand as mentioned in chapter 5 of the report.

In the following is a detailed description of the outcome of the case studies with regard to the evaluation criteria relevance and European added value, effectiveness, consistency and complementarity, support and involvement and sustainability

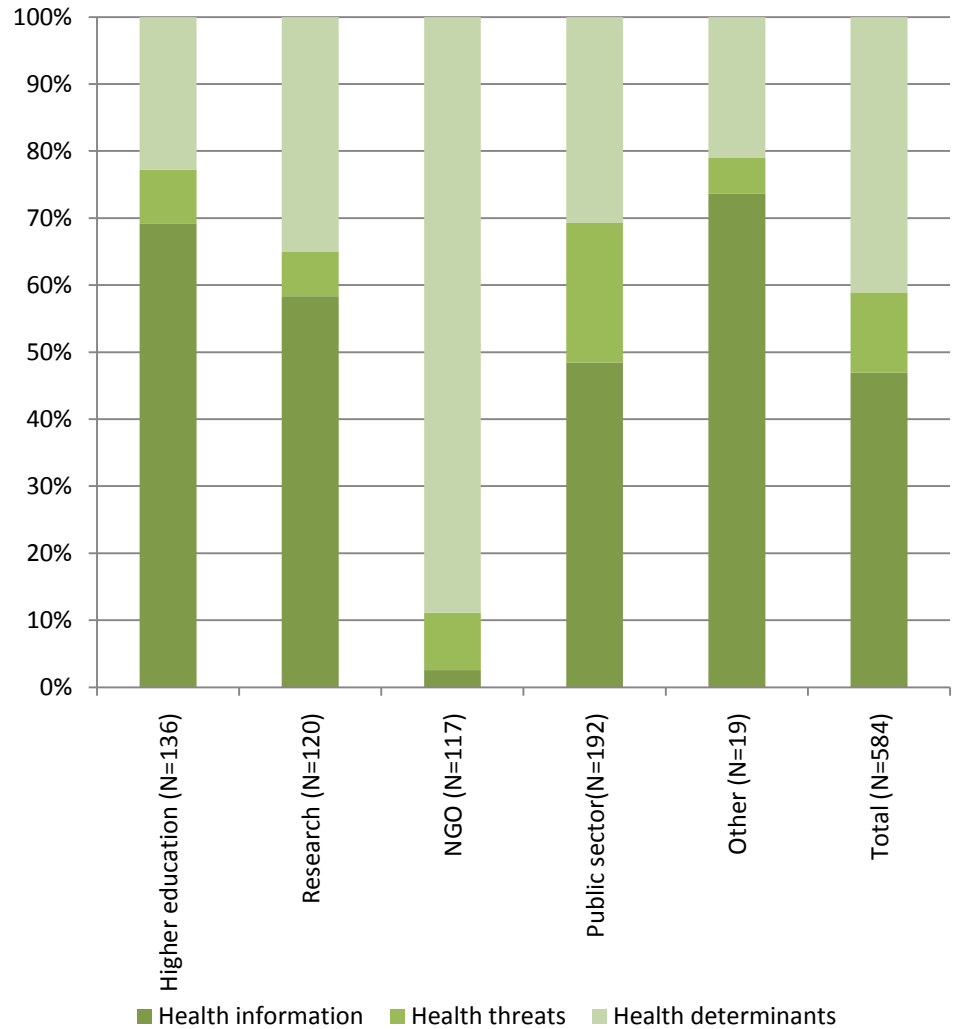
European public health needs - relevance and European added value of the PHP

The case studies include a general assessment of each case study area. Furthermore, activities and funds in Member States, the relevance of activities in relation to the overall PHP objectives and European added value are elucidated in relation to the specific case study projects.

Type of organisations involved in projects

Appendix figure 1 provides an overview of the type of organisations involved in projects selected for case studies in the three strands. The majority of NGOs participating in the PHP take part in projects in the health determinant strand. Higher education and research institutions primarily participate in projects in the health information strand but are also engaged in projects in other strands to a wider extent than NGOs. None of the types of organisations chosen has its primary activity in the health threats strand - the percentage is highest for organisations in the public sector, including administration and hospitals/clinics.

Appendix figure 1 Type of organisation participating in the projects selected for case studies, percentage



Source: COWI based on information in project abstracts available from the EAHC project database

Health information

The overall aim of the health information strand - and one of the general objectives of the PHP - is “to improve information and knowledge for the development of public health”. The case study areas chosen under this strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

General assessment

Appendix table 1 PHP projects in the case study area "Comparable European information" provides an overview of PHP projects identified in the case study area "Comparable European information".

Appendix table 1 PHP projects in the case study area "Comparable European information"

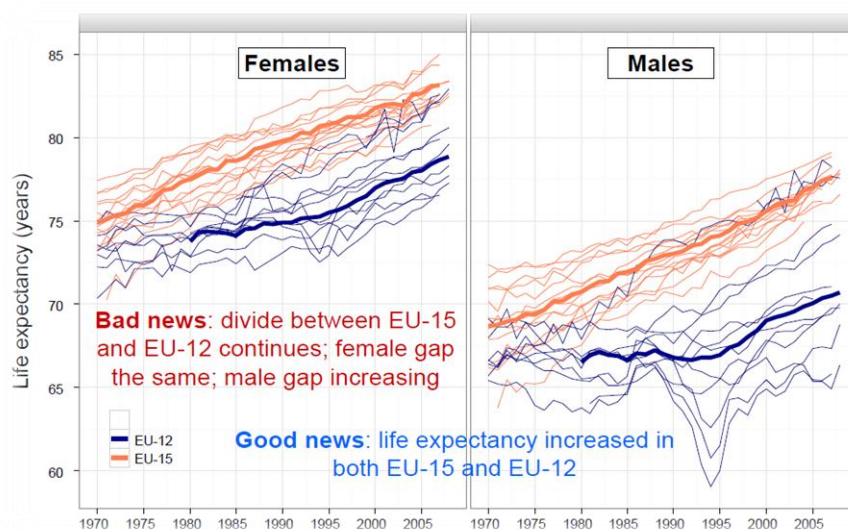
Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2003109	Health indicators in Europe's regions (Phase 3) / Indicateurs de santé dans les régions d'Europe (Phase 3) (ISARE)	Developing and coordinating the health information system: health indicators, tackling enlargement issues	EUR 232,434
2003130	Assessing the usefulness of a comprehensive set of reproductive health indicators designed for the enlarged European Union, with particular emphasis on the reproductive health of adolescents and young adult (Phase 2) (REPROSTAT 2)	Developing and coordinating the health information system: health indicators, tackling enlargement issues	EUR 238,569
2003131	A comprehensive health information and knowledge system for evaluating and monitoring perinatal health in Europe (Phase 2) (PERISTAT)	Developing and coordinating the health information system: health indicators, tackling enlargement issues	EUR 846,777
2007114	Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports (PERISTAT)	Developing mechanisms for reporting and analysis of health issues and producing public health reports: reports on selected populations groups	EUR 149,987
2003121	Closing the Gap - Reducing Premature Mortality. Baseline for Monitoring Health Evolution Following Enlargement (HEM)	Developing and coordinating the health information system, health in applicant countries	EUR 584,580
2003125	Tackling Health Inequalities In Europe: an integrated approach (EUROTHINE)	Developing and coordinating the health information system, tackling inequalities in health	EUR 634,036

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

The collection of comparable data is a precondition for being able to target the effort to increase public health in Europe.

Projects in the case study area "Comparable European information" were primarily aimed at improvement of indicators in particular areas of public health. Targeted especially in the first years of the PHP under review was the specific need to strengthen the data sets available in the "new" Member States and to ensure their comparability to the data sets available in the "old" Member States. Appendix figure 2 illustrates the gap in life expectancy between EU 15 and the EU 12 Member States and thus the need for a special effort to improve public health in the "new" Member States in order to reduce health inequalities across Europe.

Appendix figure 2 Trends in life expectancy at birth in EU countries 1970-2007



Source: Jakab, Zsuzsanna, WHO. Health in all policies from the international perspective. Brussels, 29-30 June 2010.

"Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

The project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121) was selected for in-depth study. The project aimed at creating a baseline for monitoring evolution of preventable, premature mortality risk factors following the EU enlargement to help close the gap in morbidity, disability and mortality between the countries already members of the EU in 2003 and the then applicant countries. Special focus was on improving the health of working population and diminishing inequalities in access to health. Recommendations for public health policies were envisaged for dissemination among health policy makers of all applicant countries and were presented to the European Commission.

The main geographic area of interest for the project were eight countries which joined the EU in May 2004, i.e. the Czech Republic, Hungary, Estonia, Latvia, Lithuania, Slovakia, Poland and Slovenia, plus the two countries which joined the EU in January 2007, i.e. Bulgaria and Romania. EU15 countries (the "old Member States"), i.e. Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the United Kingdom, were used primarily for comparison purposes.¹

There is a clear relationship between the overall aim of the PHP and the need for baseline information on premature mortality, especially when based on the establishment of an EU-wide network of public health experts, as it was the case here. More specifically, the aim "to contribute to tackling inequalities in

¹ Data for other countries have been included depending on the need. For instance, while analysing alcohol burden of mortality, the data from EU Member States have been compared to other South-Eastern European countries (for instance Moldova), where liver cirrhosis mortality is very high as in the neighboring countries included in the project.

health" mentioned in the programme decision and annual work plan of 2003 is directly addressed by the scope of the project.

The focus in more recent years of the Community, the Parliament and the Council on the collection of comparable data on major diseases suggests that the project not only meets the test of relevance vis-à-vis real needs, but also proved to be forward-looking.

The European added value of the project is self-evident. First, the systematic analysis of data from different Member States, the comparison of these data to that of their neighbours and the dissemination of results across Europe are clearly achievements of supranational interest. One could hardly imagine that similar results could have been obtained in the absence of an EU-funded initiative. Secondly, the specific focus on the provision of data sets suitable to serve as a baseline to track population health following the enlargement is valuable in order to make sure that, in case a negative impact on the health status is identified, intervention is possible.

"Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

The other project selected for in-depth study in the case study area "Comparable European information" is "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114).

Maternal and infant mortality have reached historic lows in Europe, but pregnancy and delivery still represent significant risks for women and their babies. To improve outcomes, the right tools are needed to assess perinatal health problems and their causes, and to monitor the impact of policy initiatives over time.

The project "Better statistics for better health for pregnant women and their babies: European health reports" resulted in the European Perinatal Health Report. The report was published in December 2008 and is the most comprehensive report on fetal, infant and maternal health in Europe to date. The development of the report relied on the EURO-PERISTAT network² and was based on statistical information on the characteristics, health and health care of pregnant women and their newborn babies in 25 Member States and Norway, including policy-relevant analyses of maternal and child health outcomes, care provision, inequalities and migrant health. The project began in 1999 as part of the EU's Health Monitoring Programme and has continued into a third phase, which is assessed here.

There is a clear relationship between the objectives of the PHP and the need to disseminate information in the area of perinatal health, especially when based on prior work of an EU-wide network of public health experts such as EURO-PERISTAT. More specifically, the project falls under the priority area "Develop mechanisms for reporting and analysis of health issues and producing public health reports", which has been listed consistently as a priority area under the health information strand in the annual work plans 2003-2007.

² The EURO-PERISTAT network's goal has been to develop valid and reliable indicators that can be used for monitoring and evaluating perinatal health in the European Union.

The systematic analysis of data from 25 Member States and the dissemination of results across Europe are clearly achievements of supranational interest. One could hardly imagine that similar results could have been obtained in the absence of a well-connected series of EU-funded initiatives. Moreover, since perinatal health care differs throughout Europe (actually, the very perinatal period is still defined in different ways across Member States³), the European added value of such a comprehensive and detailed report is clear.

Case study area 2: Creation and support of knowledge management networks

General assessment

Appendix table 2 provides an overview of PHP projects identified in the case study area "Creation and support of knowledge management networks".

Appendix table 2 PHP projects in the case study area "Creation and support of knowledge management networks"

Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2003108	European Public Health Information, Knowledge and Data Management System	Developing and coordinating the health information system, EU public health portal	EUR 732,000
2003126	HEN - Health Evidence Network	Developing and coordinating the health information system: Network	EUR 344,167
2006102	EUPHA 2007: Future of public health in the unified Europe	Supporting the exchange of information and experiences on good practices	EUR 100,000
2004121	Improving the knowledge base for Public Health	Developing and coordinating health information and knowledge system: Strategy	EUR 124,559
2003130	Assessing the usefulness of a comprehensive set of reproductive health indicators designed for the enlarged European Union, with particular emphasis on the reproductive health of adolescents and young adult (Phase 2)	Developing and coordinating the health information system: Health indicators, tackling enlargement issues	EUR 238,569
2003131	A comprehensive health information and knowledge system for evaluating and monitoring perinatal health in Europe (Phase 2)	Developing and coordinating the health information system: network, health indicators, tackling enlargement issues	EUR 846,777
2007114	Better Statistics for Better Health for Pregnant Women and Their Babies: European Health Reports	Developing mechanisms for reporting and analysis of health issues and producing public health reports: reports on selected populations groups	EUR 149,987
2006103	EUROCAT: Surveillance of Congenital Anomalies in	Developing strategies and mechanisms for preventing,	EUR 629,549

³ Depending on the definition, the perinatal period starts at the 20th to 28th week of gestation and ends one to four weeks after birth. Also indicators of fetal and neonatal mortality are sensitive to the way the data are collected: for instance, in some countries termination of pregnancy at or after 22 weeks of gestation are reported as fetal deaths, whereas elsewhere they are recorded in separate systems or not recorded at all.

Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
	Europe	exchanging information on and responding to non-communicable disease threats: rare diseases	
2003219	European Surveillance of Congenital Anomalies (Phase 3)	Improving access to and the transfer of data at EU level	EUR 812,074
2003116	European Health Expectancy Monitoring Unit	Developing and coordinating the health information system, tackling inequalities in health, ageing and health	EUR 474,258
2004118	Working Party 7 Secretariat and the key action "Health Indicators and Monitoring"	Developing and coordinating health information and knowledge system: health indicators	EUR 1,242,165
2005115	Preparation of the Global Report on the Health of the European Union	Developing mechanisms for reporting and analysis of health issues and producing public health reports	EUR 700,609
2005102	E-Health 2006 High Level Conference	E-Health	EUR 300,000
2006119	Rare Diseases Portal	Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats: rare diseases	EUR 960,000

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

Projects in the case study area "Creation and support of knowledge management networks" fall in three categories. Some projects focus primarily on the development and dissemination of health indicators similar to projects in the case study area "Comparable European information". Two projects have been identified belonging to both areas (2003130 and 2007114). Other projects are mainly targeted to fund gatherings of European public health experts (e.g. EUPHA conferences). The third category holds projects which seem genuinely targeted to the establishment and development of knowledge management networks in a strict sense.

By sharing expertise across Europe, knowledge management networks may contribute to improving public health in Europe. In some areas, European networks may be necessary to obtain 'critical mass', e.g. in the field of rare diseases. By definition, the number of patients affected is lower than five people in 10,000 for any rare disease - and in most cases much lower. Thus, patients are rare, and collection of data on rare diseases may not seem cost-effective from a national perspective. Therefore, if data on rare diseases are not collected at EU level, they may not be collected at all.

"European surveillance of congenital anomalies (phase 3)" (2003219)

The project "*European Surveillance of Congenital Anomalies (Phase 3)*" (2003219) was selected for in-depth study. Congenital anomalies, including structural defects, chromosomal abnormalities, inborn errors of metabolism and hereditary diseases, are a major cause of perinatal mortality, childhood morbidity and long-term disability accounting for a very significant number of years of

potential life lost. They often carry a high burden not only to affected individuals, but also to their families and the community in terms of lost quality of life, lower participation in the community and need for services.

On top of ensuring the collection of essential epidemiologic information on congenital anomalies in Europe according to agreed-upon quality standards, the project “European Surveillance of Congenital Anomalies (Phase 3)” aimed at a series of goals. These goals included not only coordination of the detection and response to clusters and early warning of teratogenic exposures, but also development of new knowledge (“coordinate the establishment of new registries throughout Europe collecting comparable, standardised data”, “evaluate the effectiveness of primary prevention” and to “assess the impact of developments in prenatal screening”). Furthermore, the project aimed to support the development of a fully-fledged knowledge management network (“provide an information and resource centre and ready collaborative research network to address the causes and prevention of congenital anomalies and the treatment, care and outcome of affected people”). All these activities clearly benefit from a supra-national scale of action. More generally, the experts involved in the project agree that working at the European level allows them to share expertise, to pool and compare data (especially important when dealing with rare congenital anomalies), and on these bases to take a joint approach to European public health questions.

There is a clear relationship between the objectives of the PHP and the need to ensure a systematic surveillance of congenital anomalies, especially when based on prior work of an EU-wide network of public health experts, as it was the case here⁴. More specifically, the project falls under the priority area “Improving access to and the transfer of data at EU level” which was listed as a priority area under the health information strand in the annual work plans 2003-2004. Although this area was not highlighted yet in 2003, when the application was submitted, the project is also coherent with the priority area “Develop strategies and mechanisms for preventing, exchanging information on and responding to non-communicable diseases” (listed as an annual priority from 2005 onwards).

"Rare diseases portal" (2006119)

The other project selected for in-depth study in the case study area "Creation and support of knowledge management networks" is "*Rare diseases portal*" (2006119).

In the EU, any disease affecting fewer than five people in 10,000 is considered rare. That number translates into approximately 246,000 people throughout the EU's 27 Member States. Most patients suffer from even rarer diseases affecting one person in 100,000 or more. It is estimated that there are between 5,000 and 8,000 distinct rare diseases today affecting between six and eight per cent of the

⁴The project is based on the prior work of EUROCAT. EUROCAT is a European network of population-based registries of congenital anomalies started in 1979 (the acronym is due to its original name, i.e. “European Concerted Action on Congenital Anomalies and Twins”). The EUROCAT database documents 150,000 cases of congenital anomaly for the period 2000-2005.

population in the EU in the course of their lives. In other words, although rare diseases are characterised by low prevalence, the total number of people affected by rare diseases in the EU is between 27 and 36 million. These patients are particularly isolated and vulnerable.

One way to address this issue is to help pool scarce resources that are currently fragmented across individual Member States since joint action helps patients and professionals share expertise and information across borders. The “Rare diseases portal” project was designed to offer to healthcare professionals, scientists, health authorities, patients and their relatives, the media and the community at large reliable, up-to-date, relevant information on rare diseases and orphan drugs, thus improving the services already provided by Orphanet⁵. The project aimed at making a comprehensive set of information on rare diseases accessible in different EU languages (English, French, Italian, Spanish, German and Portuguese) from the portal: www.orpha.net. Data collection about services was done at country level following a methodology which was already in place. Because of the small target audience of such a portal, pooling of scarce resources that are currently fragmented across individual Member States to facilitate utilization at European level seems fully justified in terms of cost-effectiveness.

There is a clear relationship between the objectives of the PHP and the need to develop a rare diseases portal, especially when based on prior work of an EU-wide network of public health experts such as Orphanet. More specifically, the project falls under the priority area “Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable diseases” (listed as an annual priority from 2005 onwards). At the same time, the project fits well also with the goal to harness the potential of e-health to improve the health conditions of European citizens (listed as an annual priority from 2003 to 2007).

Health threats

The overall aim of the health threat strand and another of the general objectives of the PHP is “to enhance the capacity of responding rapidly and in a coordinated fashion to threats to health”. The case study areas chosen under this strand are “Organs” and “Chemical threats”.

Case study area 3: Organs

General assessment

Appendix table 3 provides an overview of PHP projects identified in the case study area “Organs”.

⁵ Orphanet aims at offering to the health care professionals, scientists, health authorities, patients and their relatives, the media and the community at large, reliable, up-to-date, relevant information on rare diseases and orphan drugs. This information provided includes an encyclopaedia of rare diseases and a directory of services in 20 Member States.

Appendix table 3 PHP projects in the case study area "Organs"

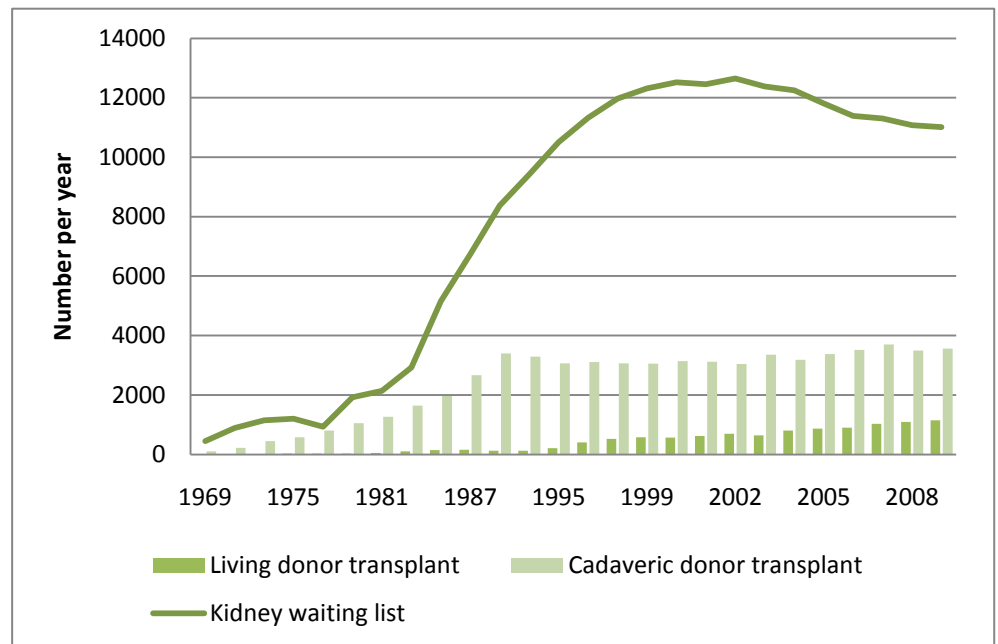
Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2007202	Creating a safe and sufficient donor population in Europe: comparing and recommending good donor management practice	Safety of blood, tissues and cells, organs	EUR 500,000
2006211	European living donation and public health	Safety of blood, tissues and cells, organs	EUR 524,893
2005205	European Training Program on Organ Donation	Safety of blood, tissues and cells, organs	EUR 782,633
2003208	JACIE	Safety of blood, tissues and cells, organs	EUR 167,526

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

The case study area "Organs" refers to the field of enhancing the safety and quality of organs, blood, blood components and substances of human origin (tissues and cells) by developing high standards of quality and safety for the collection, processing, storage and distribution and use of substances of human origin. It includes the implementation of vigilance networks for human products, such as blood, blood components and blood precursors.

Cooperation across Member States in this area may contribute to improving public health in Europe, e.g. by increasing the chances of finding suitable matches for organ transplants. Appendix figure 3 illustrates that the demand for organs (in this case kidneys) exceeds their availability in EU Member States. However, the waiting list has been reduced in recent years.

Appendix figure 3 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2009



Source: Eurotransplant, annual report 2009⁶

"European living donation and public health" (2006211)

The project "*European living donation and public health*" (2006211) was selected for in-depth study.

The increasing activities in living organ donation, in some countries even higher than donation by deceased individuals, raised concerns about the ethical, legal and safety aspects of living donation. The project "*European living donation and public health*" contributed to reaching a consensus on European common legal and ethical standards regarding protection and registration practices related to living organ donors in order to guarantee the health and safety of these donors. This would not have been possible without EU funding.

There is clearly European added value. Aiming for a better cooperation between Member States, this topic has to be seen from the different perspectives of the participant countries and from the perspective of different professions. It is quite important to have these questions on legal, ethical and regulatory aspects answered by collecting the different views in each country. This is only possible by a research network project at the EU level.

The project had high relevance, as there are increasing activities on living organ donations in Europe. Although living donation is seen as a safe intervention, when performed in high-quality facilities, there remain questions on issues like quality standards, ethical and legal aspects, donor protection and monitoring

⁶ The Eurotransplant International Foundation (Eurotransplant) is responsible for the mediation and allocation of organ donation procedures in Austria, Belgium, Croatia, Germany, Luxemburg, the Netherlands and Slovenia.

data. To collect the views of the Member States on these issues was a public health priority.

One of the project's goals was to reach a consensus, i.e. harmonised recommendations on several aspects of living donation for the Member States. However, an assumption that a harmonisation of these aspects is equivalent with high quality standards must be doubted. Standards may help raise standards in some countries but they may lower the standards in others, which have already put in place high standards for living donation procedures.

"JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)

The other project selected for in-depth study in the case study area "Organs" is "JACIE⁷ - Joint Accreditation Committee ISCT EBMT" (2003208).

The project aimed to give access to an accreditation programme and harmonising the European standards in the field of haematopoietic stem cell (HSC) transplantation. Even if the project did not start 'from scratch', as exemplary initiatives have existed since the 1990's in the US (FACT, www.factwebsite.org) and a small pilot project had been undertaken in Spain, the EU funding enabled successful activities by building up a sufficient infrastructure, training modules and information materials.

The topic has a high relevance as safety and protection of donors is an important issue⁸. Furthermore, safety of blood, tissues and organs has been listed consistently as a priority area under the health information strand in the annual work plans 2003-2007. It is important to patient protection and provides a kind of quality assurance for health authorities as well as for patients. By its voluntary character, it is well accepted.

General assessment

Case study area 4: Chemical threats

Appendix table 4 provides an overview of PHP projects identified in the case study area "Chemical threats".

⁷ JACIE is a non-profit body established in 1998 for the purposes of assessment and accreditation in the field of haematopoietic stem cell (HSC) transplantation. JACIE's primary aim is to promote high quality patient care and laboratory performance in haematopoietic stem cell collection, processing and transplantation centres through an internationally recognised system of accreditation.

⁸ DIRECTIVE 2004/23/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 31 March 2004 on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells.

Appendix table 4 PHP projects in the case study area "Chemical threats"

Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2007210	Alerting System and Development of a Health Surveillance System for the Deliberate Release of Chemicals by Terrorists	Health security and preparedness	EUR 600,000
2003217	Development of Generic Scenarios alerting system and training modules relating to the release of Chemicals by Terrorists	Health security and preparedness	EUR 832,732
2007209	MASs-casualties and Healthcare following the release of toxic chemicals or radioactive materials	Health security and preparedness	EUR 799,967
2007205	The Public Health Response to Chemical Incident Emergencies	Health security and preparedness	EUR 697,431

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

The case study area "Chemical threats" relates to the priority areas "Early warning and response", "Health security and preparedness", and "Generic preparedness and response", thus referring to protocols, structure and specifications of alert systems to enable rapid communication on selected events potentially caused by terrorists to national and EU representatives.

Rapid and effective responses to chemical incident emergencies (CIEs) are an essential goal to reduce the burden of diseases caused by such incidents. Even if they maybe rare, when happening they affect a high number of people at once and involve several healthcare fields. Therefore, there is a need for special intersectoral working strategies to be prepared for such cases. To act effectively on chemical incident emergencies is a public health issue of all European countries.

"The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)

The project "*The public health response to chemical incident emergencies (CIE Toolkit)*" (2007205) has been selected for in-depth assessment. The project aimed to connect the different activities of the Member States to develop a toolkit with materials and relevant training modules. Thus reflecting national needs, crossing language barriers, improving dissemination and bringing together international expertise, the impact of the project was much higher when conducted at the EU level rather than at the national level.

After generating evidence by an educational questionnaire, it was obvious that there is an urgent need for the participant countries to be better prepared for chemical incident emergencies, which – although they might be rare – have a dramatic impact when taking place.

It is important to be aware that chemical and radioactive incidents are quite different. According to the independent expert conducting the case study, the fo-

cus of the project at hand might have been too broad. Another quite important deficiency is considered the lack of involvement in the project of practitioners (primary care physicians, nurses). However, the strategy with regard to choice of collaboration partners is perceived to be good.

"MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)

The other project selected for in-depth study in the case study area "Chemical threats" is "*MASs-casualties and Health care following the release of toxic chemicals or radioactive materials*" (2007209). The project aimed at examining the preparedness of the Member States to deal with patients exposed to toxic chemicals or radioactive materials.

The project addressed the development of common standards and sharing experiences within the EU, which is adding value to the EU knowledge base with respect to this topic. Another part is the improvement of methods and information techniques by means of modern IT and biotechnology to accomplish an optimal set of instruments to improve the preparedness for cases of exposition to toxic chemicals or radioactive materials. The project has identified good examples that can have a 'lighthouse' function for other Member State initiatives.

DG SANCO organised a workshop gathering all other EU projects involved in this topic. This face-to-face meeting was much appreciated by the participants and built synergies for consistent development in the different Member States.

The project is of high relevance to the PHP as release of toxic chemicals or radioactive materials may have a serious and far-reaching impact on public health. As all Member States theoretically could face such a situation, building knowledge on preventive measures, disaster management and optimal ways to improve outcomes has received high attention and priority.

In this respect, there is an urgent need for accessible information, general guidance and instructions to healthcare professionals such as physicians, nurses (addressed by development of tools and suggestions for implementation) and other professionals involved (disaster specialists) to be prepared when facing an incident. Among other issues, there is a strong recommendation to use existing networks of relevant (knowledgeable and experience) persons (stakeholders). As many physicians are not confronted with this topic and its real life occurrence is rather unlikely, rapid access to information and advice as well as the effectiveness of persons with practical and hands-on experience are particular important.

According to the independent expert conducting the case study, the project would have benefited from more focus on primary care and inclusion of target group, e.g. national societies of general practitioners.

Health determinants

The overall aim of the health determinants strand - and the last of the three general objectives of the PHP - is "to promote health and prevent disease through addressing health determinants across all policies and activities". The case study areas chosen are "HIV/AIDS" and "Addiction - drugs".

Case study area 5: HIV/AIDS

General assessment

Appendix table 5 provides an overview of PHP projects identified in the case study area "HIV/AIDS".

Appendix table 5 PHP projects in the case study area "HIV/AIDS"

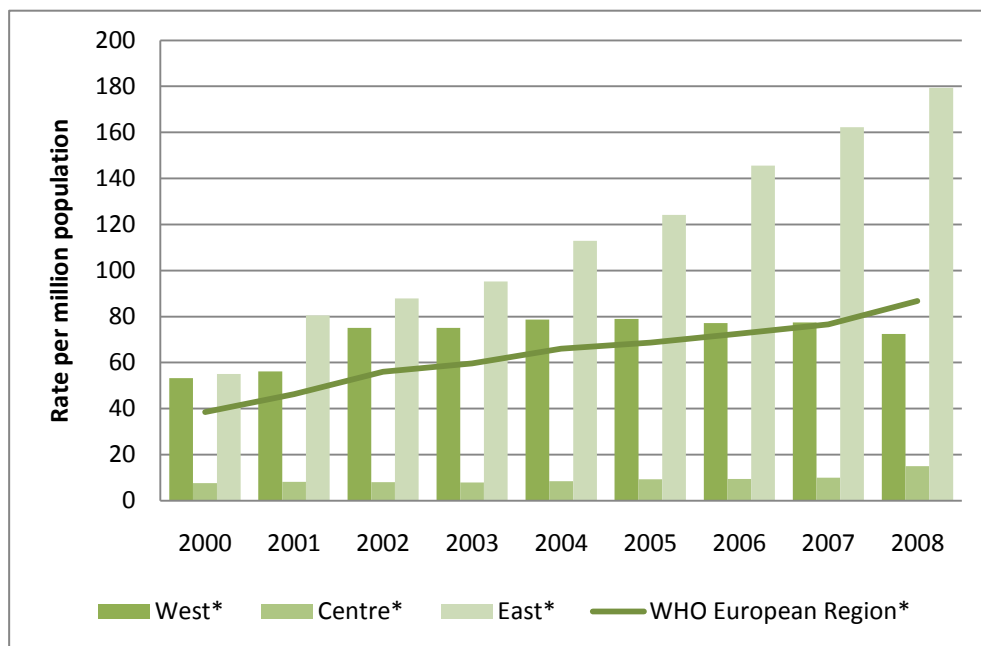
Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2003303	European Centre AIDS & Mobility A&M	Sexual and reproductive health, HIV/AIDS	EUR 1,559,334
2004320	European Network for Transnational AIDS/STI Prevention among Migrant Prostitutes	Sexual and reproductive health, HIV/AIDS	EUR 595,776
2004314	Improving the sexual and reproductive health of persons living with HIV in Europe	Sexual and reproductive health, HIV/AIDS	EUR 541,266
2004302	AIDS and action integration projects 2005-2008	Sexual and reproductive health, HIV/AIDS	EUR 837,390
2005314	European Partners in Action on AIDS	Sexual and reproductive health, HIV/AIDS	EUR 686,384
2006310	A Database on Public Health Projects in North Eastern Europe and its neighbouring countries	Sexual and reproductive health, HIV/AIDS	EUR 120,000
2006304	Responsibility & Partnership – Together against HIV / AIDS	Sexual and reproductive health, HIV/AIDS	EUR 289,657
2007315	Modelo metodológico de prevención del VHI en hombres que tienen sexo con hombres: En todas partes	Sexual and reproductive health, HIV/AIDS	EUR 490,770
2007305	Young and HIV: EUROPEAN NETWORK to arrange an innovative prevention campaign and to exchange good practice-experiences in Europe	Sexual and reproductive health, HIV/AIDS	EUR 250,000
2007309	Capacity building in HIV/Syphilis prevalence estimation using non-invasive methods among MSM in Southern and Eastern Europe	Sexual and reproductive health, HIV/AIDS	EUR 397,353

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

HIV/AIDS is a threat to the health of all people in Europe. Sexual and reproductive health, including HIV/AIDS, has been listed continuously as a priority area in the annual work plans (AWPs) from 2003 to 2007. This includes developing health promotion strategies and defining best practices for prevention of sexually transmitted diseases.

Appendix figure 4 shows the rate of newly diagnosed HIV cases per million people from 2000 until 2008. There is evidence of increasing transmission of HIV as the rate has been increasing. This is especially due to a rising number of cases of HIV infection in Eastern Europe. In Eastern Europe, the number of diagnosed AIDS cases has also increased over recent years while the number has declined for the European region as a whole.

Appendix figure 4 Newly diagnosed cases of HIV infection 2000-2008, rates per million population



*) No data from countries West: Austria, Denmark, Liechtenstein, Monaco; centre: Turkey; East: Russia

Source: European Centre of Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2008.

"European centre AIDS and mobility (A&M)" (2003303)

The project "*European centre AIDS and mobility (A&M)*" (2003303) was selected for the in-depth study. The general aim of the project was to develop and exchange solutions to handle specific issues relating to the vulnerability of mobile and migrant populations to HIV/AIDS with a specific focus on young people.

The project subject - HIV/AIDS prevention in relation to mobile and migrant (young) populations - is a transnational phenomenon with common issues and characteristics across countries. This calls for cooperation at European level. From a public health perspective, the political focus should not be on how to influence migration and mobility but how to reduce the health risks to the individual and to society at large. Health promotion and HIV prevention interventions need to be flexible to respond to the diversity of the mobility and the populations involved.

A&M is a merger of the two former European networks AIDS Mobility and AIDS Youth in order to unite the capacities in the field. A&M enlarged its former network of 15 countries up to 25 countries, integrating ten new Member States. The range of the network and the contacts that the 25 countries brought to the project and the value/dissemination of the outcomes are considered to have achieved a wide impact. By the merger of two former networks and maintenance of cooperation, the project entailed European added value.

According to the independent public health expert conducting the case study, the overall and specific objectives of A&M were clear, realistic and in line with the general objective of the PHP ("To promote health and prevent disease through addressing health determinants across all policies and activities") and the priorities of the annual work plan 2003 ("Health determinants: Sexual and reproductive health: ... develop health promotion strategies and define best practice ... prevention of sexually transmitted diseases such as HIV/AIDS, including ... targeting specific groups ...").

The main target group (experts and stakeholders from GOs and NGOs) was involved in the project from the beginning and thus played the role of main actors. All activities were related to the 'final' target group, namely disadvantaged young migrants.

"European network for transnational AIDS/STI prevention among migrant prostitutes" (2004320)

The other project selected for in-depth study in the case study area "HIV/AIDS" is "*European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)*" (2004320). The main objective of TAMPEP is to reduce the HIV vulnerability of migrant and mobile sex workers through the development, exchange, promotion and implementation of appropriate policies and interventions across Europe.

The project subject - sex work - is a transnational phenomenon with common issues and characteristics within the sex industry in different countries. It is therefore important to establish and maintain cooperation across Europe. TAMPEP enlarged its former network to 24 countries, integrating eight new Member States and two associated countries. The range of the network and the contacts that the 24 countries brought to the project and the value/dissemination of the outcomes - especially the CD ROM and the project website - are considered to have achieved a wide impact. The information/educational materials are available in 19 languages to ensure their wider use and dissemination on a transversal scale among migrant and mobile sex workers and health and social institutions dealing with this target group. By establishment and maintenance of a network, the project entailed European added value.

The project clearly falls within the scope of the PHP. According to the independent public health expert conducting the case study, the overall and specific objectives of TAMPEP VII were clear, realistic and in line with the general objective of the PHP ("To promote health and prevent disease through addressing health determinants across all policies and activities") and the priorities of the annual work plan 2004 ("Health determinants: Sexual and reproductive health ... develop health promotion strategies and define best practices ... prevention of sexually transmitted diseases such as HIV/AIDS, including ... targeting specific groups.").

The main target group (migrant and mobile sex workers) was involved in the project from the beginning and thus played the role of main actors.

Case study area 6: Addiction - drugs

General assessment

Appendix table 6 provides an overview of PHP projects identified in the case study area "Addiction - drugs".

Appendix table 6 PHP projects in the case study area "Addiction - drugs"

Project number	Project title	Strategic relevance and contribution to the PHP	EC contribution
2003308	European Network on Drugs and Infections Prevention in Prison	Drugs	EUR 1,895,223
2004328	Doping and Health	Drugs	EUR 457,181
2004325	Elisad Internet Gateway: A qualitative resource for European web sites on drugs, alcohol, tobacco and other addiction	Drugs/alcohol	EUR 153,131
2004311	Democracy, cities and drugs	Drugs	EUR 867,450
2005322	Improvement of access to treatment for people with alcohol- and drug-related problems	Drugs	EUR 678,000
2005312	Implementation of EUDAP Project (European Drug Addiction Prevention trial) at a population level	Drugs	EUR 804,321
2006337	Early intervention for first-time noticed drug users	Drugs	EUR 700,000
2006331	Strategic European Inventory on Drugs	Drugs	EUR 301,525
2006329	Models of good practice in drug treatment in Europe	Drugs	EUR 299,336
2006346	Senior Drug Dependents and Care Structures	Drugs	EUR 299,991
2006345	Healthy Nightlife Toolbox - Effective Interventions for (Youth) Drug Use in Recreational Settings	Drugs	EUR 507,432
2006348	Alert on new recreational drugs on the web; building up a European-wide digital Early Warning System	Drugs	EUR 424,822
2006313	Integrated responses to drugs and infections across the European criminal justice systems	Drugs/sexual and reproductive health, HIV/AIDS	EUR 851,236
2007302	Sharing good practice in supporting kinship carers to prevent substance related harm to young people	Drugs	EUR 699,995
2007306	Democracy, Cities & Drugs II	Drugs/alcohol	EUR 900,000
2007304	European standards in evidence for drug prevention	Drugs	EUR 284,507

Note: This may not be an exhaustive list of all projects funded in this field. However, the projects are assumed to provide a fair representation of projects in this field in general.

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), around 75 million European adults have used cannabis at least

once (lifetime prevalence), that is about 22 per cent of all 15-64-year-olds. It is estimated that around 14 million European adults have used cocaine at least once in their lifetime; on average, 4.1 per cent of European adults aged 15–64 years. Cocaine is the second the most used substance after cannabis, although its use is not uniform across Europe. Recent population surveys indicate that lifetime prevalence of the use of amphetamines in Europe also varies between countries. On average, it is estimated that 3.7 per cent of all European adults have used amphetamines at least once.

The drugs problem is experienced primarily at local and national levels, but it is also a global issue that needs to be addressed in a transnational context. In this regard, actions carried out at EU level play an important role. Drugs have been listed continuously as a priority area in the AWP from 2003 to 2007. This includes reduction of health-related harm associated with drug dependence, development and implementation of prevention programmes and good practices on drug treatment.

"European network on drugs and infections prevention in prison" (2003308)

The project "*European network on drugs and infections prevention in prison (ENDIPP)*" (2003308) was selected for in-depth study. The aim of the project was to establish a Europe-wide, multidisciplinary network on prevention of drugs and infections in prison.

Approximately one third of the prisoners in Europe are opiate dependent, and many more are experienced in drug use. Prisons are high-risk environments for blood borne virus transmission because of overcrowding, poor nutrition, limited access, continued illicit drug use or unprotected sex. European prisons authorities are faced with these problems and in need of solutions, including treatment, care and support.

The project subject - health in prison and prisoners' health - is a European phenomenon. ENDIPP established a Europe-wide, multi-disciplinary network, active in all 24 Member States (in 2004). The range of the network, the contacts that the 24 countries brought to the project and the value/dissemination of the outcomes (especially the sociological and epidemiological research tools as well as the recommendations for primary and secondary prevention of infections diseases and other drug related health and social problems) are considered to have achieved a wide impact. By establishment of a network, the project entailed European added value.

The project clearly falls within the scope of the PHP. According to the independent public health expert conducting the case study, the overall and specific objectives of ENDIPP were clear, realistic and in line with the general objective of the PHP ("To promote health and prevent disease through addressing health determinants across all policies and activities") and the priorities of the annual work plan 2003 ("For certain determinants a setting approach has proven to be particularly effective ... Health care services are both important contributors to health, and settings for health promotion and disease prevention ... Drugs: A balanced approach will be implemented between prevention on the one hand and risk reduction strategies on the other").

The results are relevant and targeted at real needs: the project responds to the need for access to treatment for drug dependence and infection prevention in prisons and for prisoners – based on the implementation of the “principle of equivalence” between healthcare in prison and the community.

"Democracy, cities and drugs II" (2007306)

The other project selected for in-depth study in the case study area "Addiction - drugs" is "*Democracy, cities and drugs II*" (2007306).

The project subject, drugs in European cities, is a very serious transnational problem with all countries identifying common issues. Throughout Europe, legal and illegal drug use has become a consistent feature of (night)life and a complex issue to attend. The use of cocaine is increasing in most European countries, the interrelated consumption of psychoactive substances, which include both alcohol and tobacco, the emergence of new substances and new trends complicate the response. Young wanderers e.g. have to cope with three levels of problems using drugs: health problems (mental health, HIV, hepatitis etc.), social problems (exclusion related to precariousness) and urban safety (antisocial behaviours and violence). Girls and women e.g. face unique stigmatisation for their drug use and often experience discrimination in their ability to obtain treatment. Women's use of and relationship to drugs – and therefore the way in which help, support and care need to be offered them – is often affected by their experiences with domestic violence, their responsibilities for family and children, their economic and employment status.

The project "Democracy, cities and drugs II" established a Europe-wide cooperation in this field, a European network of networks. In this cross-border approach, the lead partner and the whole European network had access to the problems of drugs and infections at cities levels. The range of the European network and the contacts that the 53 cities or regions brought to the project and the planned project outcomes are expected to achieve a wide impact. By establishing this network, the project entails European added value.

The project clearly falls within the scope of the PHP. According to the independent public health expert conducting the case study, the overall and specific objectives of ENDIPP were clear, realistic and in line with the general objective of the PHP ("To promote health and prevent disease through addressing health determinants across all policies and activities") and the priorities of the annual work plan 2007 ("Drug-related activities ... the project proposals should focus on: ... prevention programmes ... harm reduction programmes among vulnerable groups ... development of best practices ... training ... Alcohol related activities will be linked to the overall strategic approach to reduce alcohol-related harm ... The project proposals should focus on: ... networking, evaluation and collection of best practices ...").

The results are considered relevant and targeted at real needs. Thus, the project responds to the need for the development of key community strategies on drugs and alcohol to be implemented in cities based on drug policies involving local authorities, health services and criminal justice services.

Contribution to European public health - effectiveness of the PHP

Each case study includes an assessment of effectiveness in terms of identification of performance of selected projects in the area.

Health information

The case study areas chosen under the health information strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

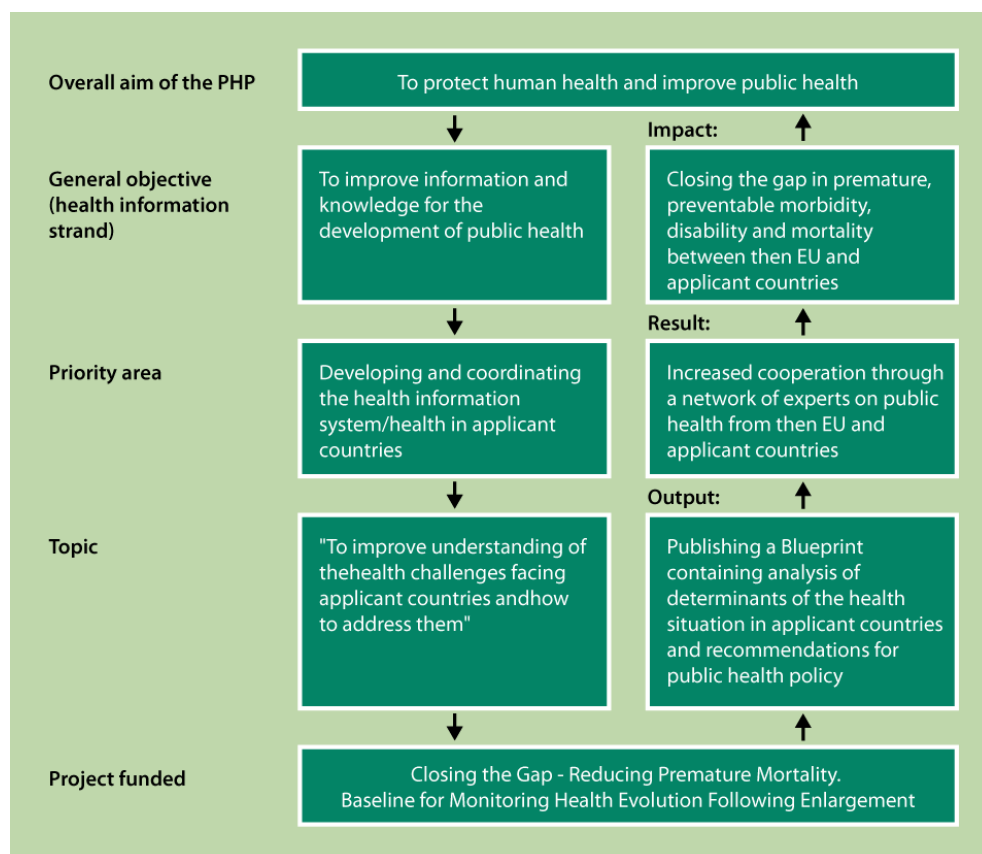
"Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

The project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121) - which aimed at creating a baseline for monitoring evolution of preventable, premature mortality risk factors following the EU enlargement - has delivered a series of outcomes, including:

- An analysis of the health strengths and challenges facing the (then) applicant countries focusing on premature, preventable mortality
- Quantifications of impact of several determinant factors
- Recommendations for public health policies published in English and in local languages, disseminated among health policy makers of all the (then) applicant countries and presented to the European Commission
- Individual reports on selected issues published in peer-reviewed journals
- International and domestic conferences aimed at raising awareness of the topic among politicians, health policy makers, health advocates and the scientific community
- Press conferences and the website of the project, which aimed at informing the public opinion in all applicant countries about the issue and about health policy recommendations.

The intervention logic of the project is illustrated in Appendix figure 5. The main output of the project is a Blueprint containing analysis of determinants of the health situation in applicant countries and recommendations for public health policy. The expected result is increased cooperation with the final aim of reducing health inequalities between countries.

Appendix figure 5 Intervention logic of the project "Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)



The following indicators have been used to measure the achievements at project level:

- Number of scientific meetings, workshops and conferences organised (39)
- Number of press conferences (11)
- Number of project presentations on external meetings (22 during project implementation and 20 after completion of the project)
- Number of scientific peer-reviewed publications (24)
- Number of project website visits (4082 after completion of the project)
- Number of main reports (Blueprint books) printed (1000 by the project and 2000 reprints), number of Blueprint books disseminated by mail (1048) and number of Blueprint books distributed at the meetings (about 200)
- Number of country profiles printed (2500 - 250 copies in each language) and number of country profiles disseminated by mail (2000).

The project target group embraced all people that could somehow have an impact on reducing the health gap in European Union, including governments of Member States, high-level EU officials, researchers, scientists, journalists, policy and decision-makers. It is estimated that the project reached at least a few thousand people.

The project was implemented by the Cancer Center Institute in Warsaw which is a government institution. Therefore, it enjoyed the support of the Polish government, especially from the Ministry of Science and Higher Education, which co-financed the project, and the Ministry of Health. All country-coordinators from the 10 new EU Member States represented their governments. The results of the project were presented at a meeting on 26 November 2007 in Warsaw where the ministers of health from Central and Eastern Europe participated. The importance of the project has been underlined in presidency conclusions (Brussels European Council 19/20 JUNE 2008).

Appendix table 7 provides an overview of project characteristics with regard to the assessment of effectiveness. The deliverables are available for consultation on the project website (<http://www.hem.home.pl>) which is still fully operational two years after the end date of the project. The Blueprint is available, including a chapter focusing on policy implications and recommendations for both causes of death and risk factors with a strong potential to contribute to EU public health policy initiatives. The number of articles published in peer-reviewed journals as a consequence of the project is a good proxy for its ability to produce evidence with significant value. The systematic interaction among researchers from a variety of Member States suggests that the project helped transfer best practices to and from relevant stakeholders. Also, dissemination has been undertaken systematically, at least within the 'new' Member States involved: the availability of the website and the high profile of most national coordinators suggest that project outcomes are still the subject of dissemination.

Appendix table 7 "Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	High
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Considerably (articles, website, conferences, national coordinators)

Bibliometrics

Appendix box 1 Publication of peer-reviewed articles in relation to the project

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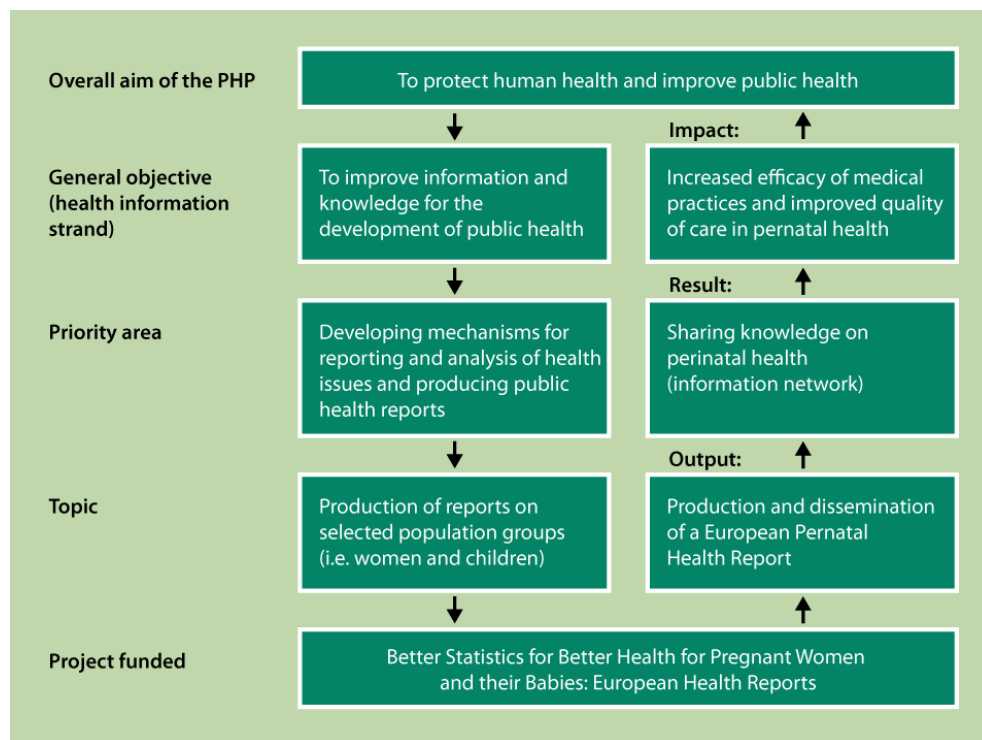
"Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

The other project selected for in-depth study in the case study area "Comparable European information" is "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114). The intervention logic is illustrated in Appendix figure 6.

The main output is the European Perinatal Health Report. The expected outcome is increased cooperation by sharing knowledge with the final aim of increasing the efficacy of medical practices and improving quality of care in perinatal health.

Information on possible indicators used to measure project achievements at project level has not been available.

Appendix figure 6 Intervention logic of the project "Better statistics for better health for pregnant women and their babies: European health reports" (2007114)



The European Perinatal Health Report builds on several years of work by the EURO-PERISTAT group, which has identified appropriate indicators for perinatal health and standardised definitions and reporting rules to improve comparability and facilitate interpretation of differences. Agreement was made on ten core and 24 recommended indicators. Most of them are not currently included in the existing international databases such as EUROSTAT, WHO-EURO Health for All and OECD health data. Of the recommended indicators, ten require further development before implementation. Implementing the indicators is a challenging task in the participating countries: only neonatal mortality was available in every country and no country could meet the requirements for all indicators. In scientific terms, therefore, the report can be considered a success.

In total, 490 stakeholders received a paper copy of the European Perinatal Health Report accompanied by a letter of introduction that was specifically adapted (and often translated) to each country. Hundreds of additional stakeholders received an email notification about the release of the report, including a link to the website where a PDF copy is available (<http://www.europeristat.com>). Project partners were also assisted in organising media outreach within their countries: press releases and data summaries were created and disseminated in ten countries. Press conferences were organised in England, Italy and the Netherlands.

Appendix table 9 provides an overview of project characteristics with regard to the assessment of effectiveness. On the minus side, it must be pointed out that the report does not include references to policy implications and recommenda-

tions, thus scoring low in terms of its potential to contribute to EU public health policy initiatives, except for a very technical paragraph on "conclusions and recommendations for improving health reporting". The number of articles published in peer-reviewed journals as a consequence of the project is a good proxy for its ability to produce evidence with significant value. In the case of this project, the number (three in English and one in French) seems low, but one must consider the short time-span of the project and the fact that it relied to a large extent on developments already put forward in the framework of other projects. The long-standing interaction among researchers from a variety of Member States suggests that the series of projects focusing on perinatal health helped transfer best practices to and from relevant stakeholders. Dissemination has been undertaken, but there is little evidence of a targeted effort; again, this might be because the network has been in place for more than ten years.

Appendix table 8 "Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Low potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Partially
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Presumably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	To some extent (articles, website) but no targeted effort

Case study area 2: Creation and support of knowledge management networks

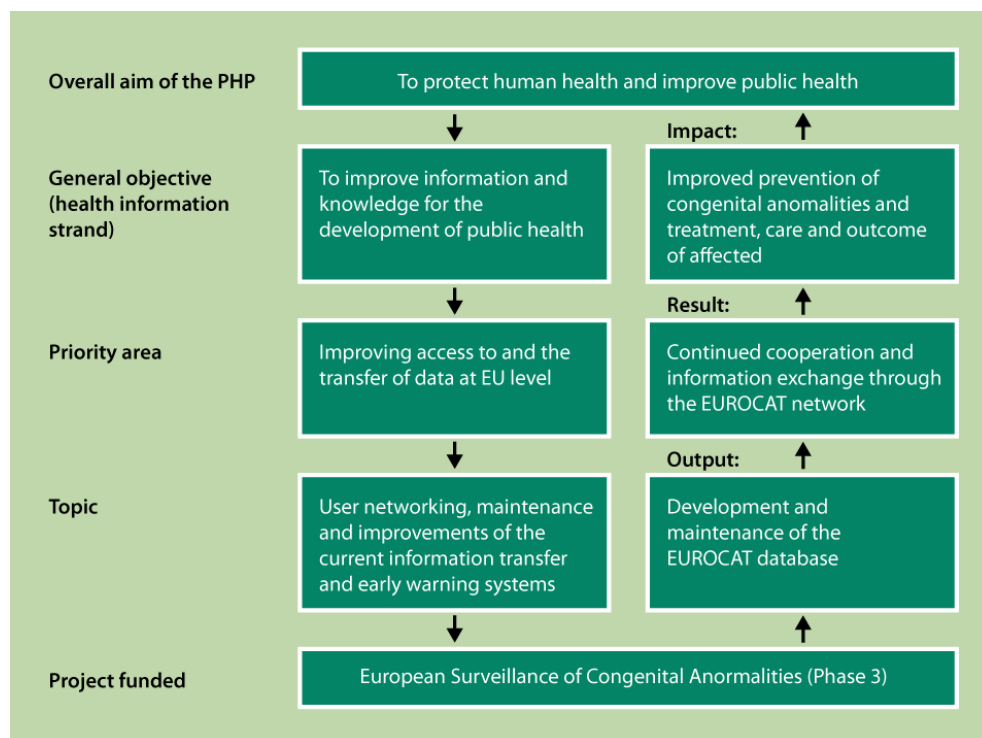
"European surveillance of congenital anomalies (phase 3)" (2003219)

On top of ensuring the collection of essential epidemiologic information on congenital anomalies in Europe according to agreed-upon quality standards, the project "*European Surveillance of Congenital Anomalies (Phase 3)*" (2003219) aimed at a series of ambitious goals, all of which have been delivered.

The intervention logic is illustrated in

Appendix figure 7. The outcome relates to the development and maintenance of the EUROCAT database. The expected result is continued cooperation and information exchange with the final aim to improve prevention of congenital abnormalities and treatment, care and outcome of the affected.

Appendix figure 7 Intervention logic of the project "European Surveillance of Congenital Anomalies (Phase 3)" (2003219)



The most important outcome, at least with reference to the case study area "Creation and support of knowledge management networks", is the revision of the common coding and classification system implemented from 2005 described in EUROCAT Guide 1.3 "Instructions for the Registration of Congenital Anomalies" and incorporated in the common registry software (the EUROCAT Data Management Programme - EDMP). This revised coding and classification system includes additions to and deletions from the common dataset, changes to coding of variables, changes to minor anomalies listed for exclusion, and changes to the definition of congenital anomaly subgroups to which cases are allocated for routine surveillance. These common standards, adopted not only by EU-based partners but also by other registries outside of the EU, together with the annual meetings of registry leaders to discuss data standardisation, surveillance and research are critical to the development of specialists' networks working along the same standards.

Indicators to measure the achievements at project level include increasing number of member registries/larger areas of Europe covered, organising annual meetings, development and maintenance of the EUROCAT data management program (EDMP) and central database, running surveillance and production of scientific papers.

Appendix table 9 provides an overview of project characteristics with regard to the assessment of effectiveness. The EUROCAT network as a whole has a strong potential to contribute to EU public health policy initiatives, and the sur-

veys carried out in the framework of Phase 3 also help provide a baseline towards this goal, but no evidence has been found of an engagement by project partners in this direction. The emphasis has been on making scientific evidence available (e.g. the impact of periconceptional folic acid supplementation or the relationship between termination rate and stillbirth and neonatal mortality) rather than promoting its use in policy formulation. The very high number of articles published in peer-reviewed journals in connection with the project is a good proxy for its ability to produce evidence with significant value. The systematic interaction among researchers from a variety of Member States, as well as the explicit emphasis on serving as a catalyst for the establishment of new registries throughout Europe collecting comparable, standardised data, suggest that the project helped transfer best practices to and from relevant stakeholders. During the life span of Phase 3, special emphasis was placed on the 'new' Member States as well as the countries for the Commonwealth of Independent States. There is little evidence of a targeted effort to the dissemination of project results, beyond the publication of academic papers and other communications internal to the specialists' community; even the "Final Activity Report to European Commission March 2004 to August 2007" does not seem designed for dissemination (the publication of a report is envisaged instead in the follow-up project, Project 2006103). On the other hand, the website (www.eurocat-network.eu) is very comprehensive, but again seems primarily targeted to current or potential network members.

Appendix table 9 "European surveillance of congenital anomalies" (2003219)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential - but no evidence of engagement in this direction
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	High
To what extent has knowledge generated by the project been disseminated and how (Q8)?	To some extent (articles, website, conferences) but limited to network members

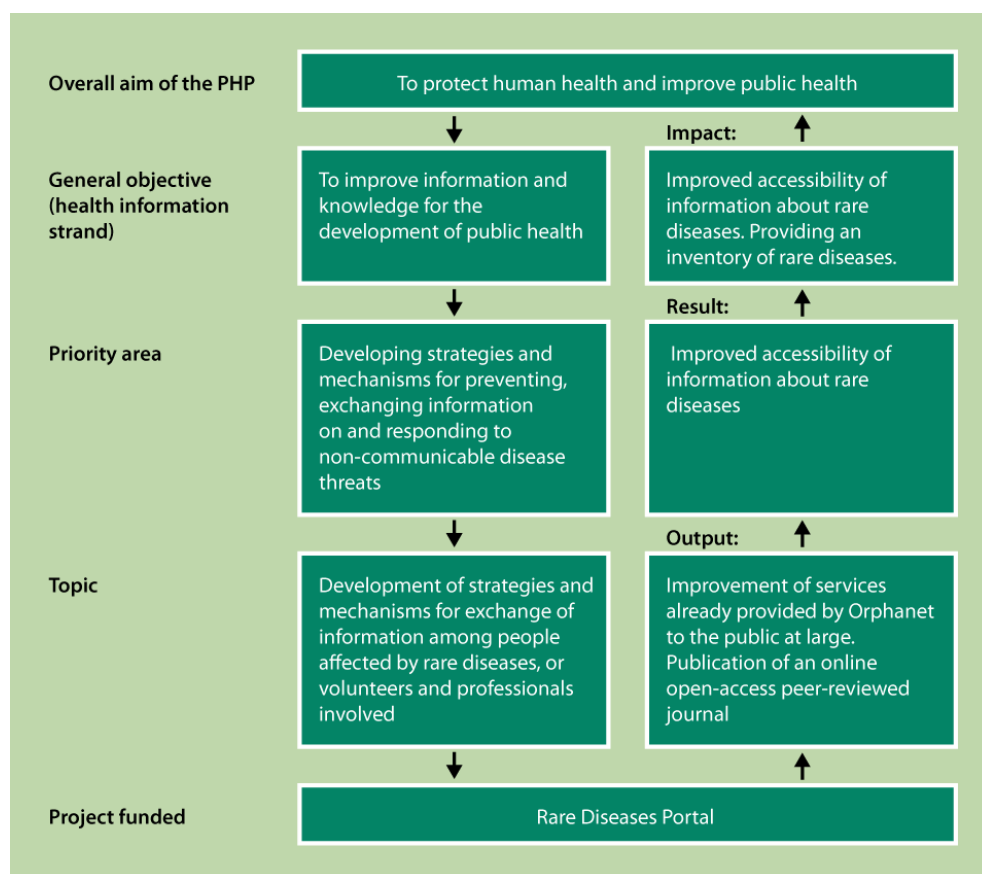
"Rare diseases portal" (2006119)

The other project selected for in-depth study in the case study area "Creation and support of knowledge management networks" is "*Rare diseases portal*" (2006119).

The intervention logic is illustrated in Appendix figure 8. The output relates to the improvement of the services already provided by Orphanet. The expected

result is improved accessibility of information and - as a final aim - improved prevention, diagnosis and treatment of rare diseases.

Appendix figure 8 Intervention logic of the project "Rare diseases portal" (2006119)



The "Rare Diseases Portal" project has delivered a series of outcomes. Admittedly, the project itself was not highly innovative: in the project application, the applicants clarified that "the collection of data about services will be done at country level following a methodology which is already in place". Improvements to the existing Orphanet website have been primarily in terms of accessibility: a new database structure has been developed, new screens have been designed, and the number of possibilities to retrieve the information has been increased.

Indicators to measure the achievements at project level include the number of people using the webpage and the number of partnerships at international level. These partnerships include WHO and other institutions using the information system for rare diseases. User satisfaction is another indicator.

Most of the users of Orphanet are professionals (71.8%). The remaining part is patients (18.9%) and others (9.3%).

Orphanet seems to address a severely felt need as demonstrated by the fact that on average over 10,000 people visit the Orphanet website per day, in order to

search its pages, containing references to 5,781 diseases, 4,291 clinics, 4,486 laboratories and 13,440 professionals.

Appendix table 10 provides an overview of project characteristics with regard to the assessment of effectiveness. The project cannot rank very high in terms of its ability to produce new evidence with significant value, but it does contribute to this goal through an online open-access peer-review journal (“Orphanet Journal of Rare Diseases”) dedicated to the publication of review articles on rare diseases not covered by other publications. The “Orphanet Journal of Rare Diseases” was indexed in Medline at the end of its first year of existence and was selected by Thompson Scientific after only two years in publication. This led to the journal receiving an impact factor of 3.14 in June 2009. Because of its long-lasting expertise in the field of rare diseases, the consortium of European partners running Orphanet has a strong potential to contribute to EU public health policy initiatives, but no evidence has been found of an engagement in this direction. Project partners’ emphasis has been on making scientific evidence and operational information available to end users, be they patient or clinicians, rather than on promoting their use in policy formulation. The systematic interaction among researchers from a variety of Member States and beyond, together with the 'quality charter' national teams are expected to stick to, suggest that the project helped transfer best practices to and from relevant stakeholders. There is little evidence of a targeted effort to disseminate project results, but the website (www.orpha.net) is very effectively designed to serve the diverse needs of multiple audience, i.e. professionals, patients, researchers and industry, and an “Orphanet Report Series” has been recently re-launched and made available through the same website.

Appendix table 10 "Rare diseases portal" (2006119)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential - but no evidence of engagement in this direction
Has the project produced evidence, data or methodologies with significant value (Q6)?	Partially
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Presumably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	To some extent (website, Orphanet Journal of Rare Diseases, Orphanet Report Series))

Bibliometrics

Appendix box 2-1 Publication of peer-reviewed articles in relation to the project

In relation to this project an online open-access peer-reviewed journal has been published: "Orphanet Journal of Rare Diseases" (www.ojrd.com). This journal publishes peer-reviewed articles.

Health threats

The case study areas chosen under the health threat strand are "Organs" and "Chemical threats".

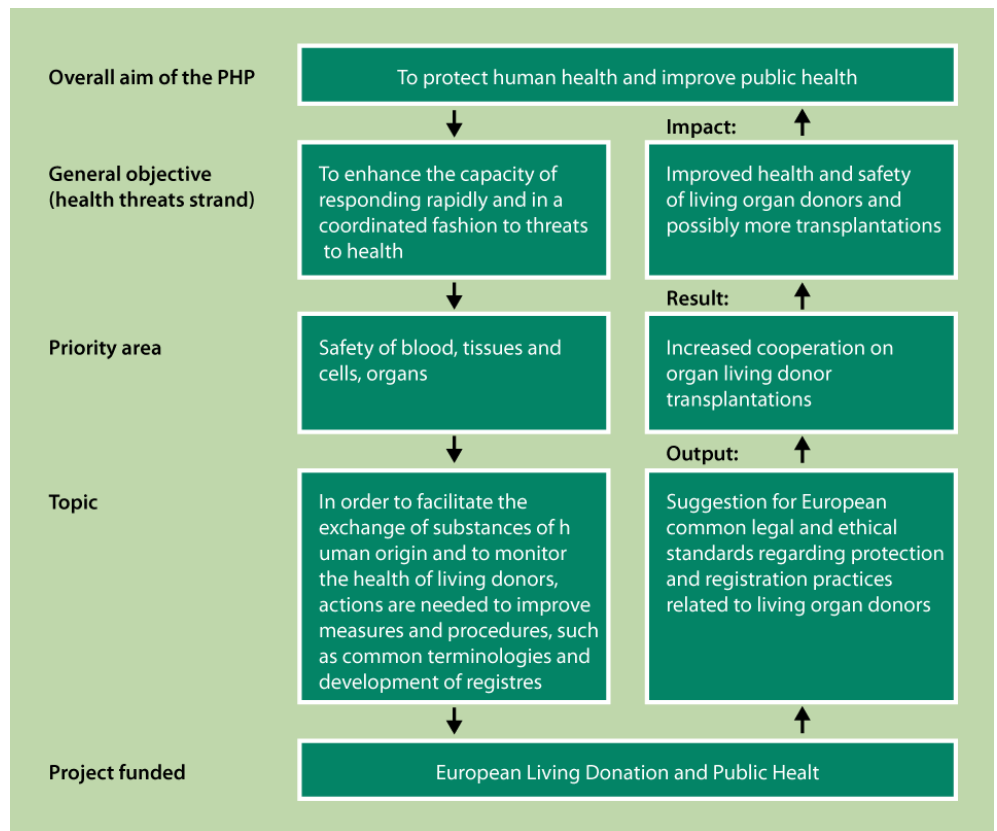
Case study area 3: Organs

"European living donation and public health" (2006211)

The intervention logic of the project "European living donation and public health (EULID)" (2006211) is illustrated in Appendix figure 9.

The main output is suggestions for European common legal and ethical standards regarding protection and registration practices related to living organ donors. The expected result is increased cooperation with the final aim of improving health and safety of living organ donors and possibly more transplantations.

Appendix figure 9 Intervention logic of the project "European living donation and public health (EULID)" (2006211)



Besides recommendations on legal, ethical and safety aspects and the registration of living donors, the project resulted in a collection of proposed measures

and tools to contribute to living donors' health and safety; among them are the following elements:

- An information leaflet containing general information on living donation for the potential donors
- A satisfaction survey questionnaire on living donor questions about the impact of the donation process
- A registry model for data with three levels (obligatory, recommended and excellence)
- Evaluation of their use.

At this point of time, it is difficult to judge whether all these efforts resulted in any improved outcome or benefit for the donors of living organs across the European Union. This is also because results of consensus processes are not easy to implement because in some countries there is a keen desire to control living donor activities while in other countries, there is resistance against too many regulatory measures. There are no common European registries yet on living donors.

Appendix table 11 provides an overview of project characteristics with regard to the assessment of effectiveness. The project was effective in producing recommendations, but there is no clear evidence of the impact of these recommendations. In terms of scientific output, the project has presented one publication, and four more publications are in process. The EULID project has been presented in more than 20 international congresses. For dissemination among professionals of information about the project, the working group produced a CD-ROM. The CD-ROM includes a summary of the all documents produced:

- Consensus and final recommendations (ethical, legal, protection and registry)
- Products and tools (leaflet, satisfaction survey and online registry)
- The project (partner, objectives, results, diffusion).

Dissemination to the general public about living donation was organised through an informative leaflet in 12 different languages up as well as a public website.

Based on available information, it is unclear whether the recommendations were implemented in the EU Member States, to which extent the information on developed tools was disseminated throughout Europe and if there are indicators of the success of this project and its relevance and impact on practices in the EU Member States.

Appendix table 11 "European living donation and public health (EULID)" (2006211)

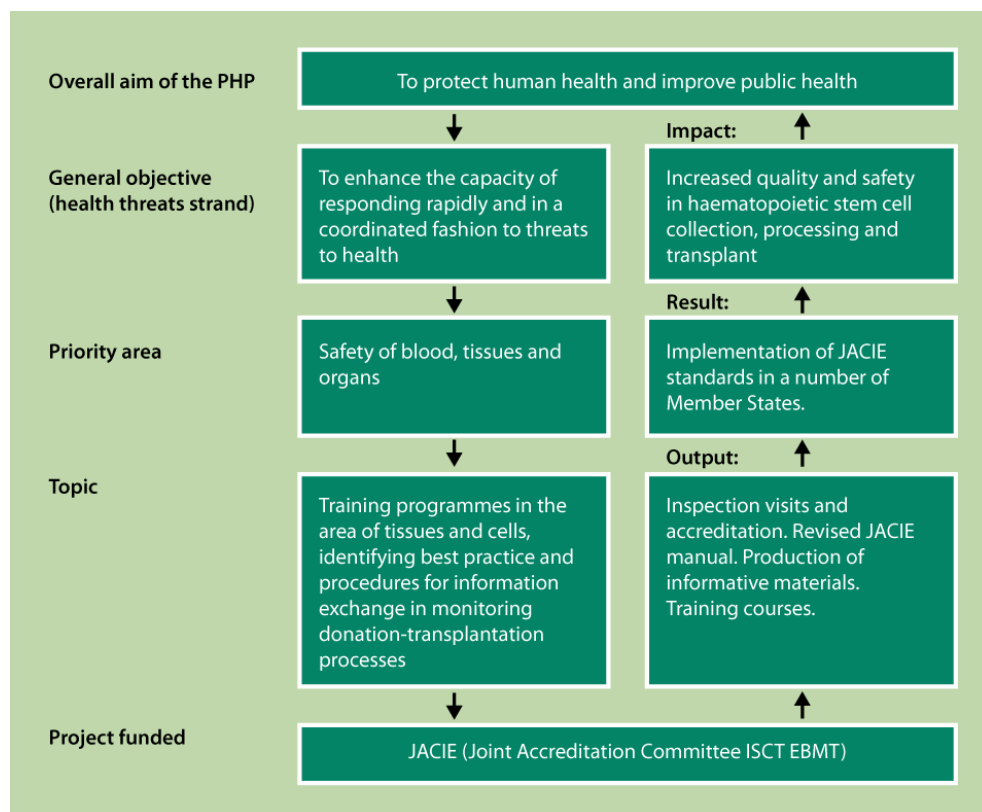
Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Partially
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Presumably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	To some extent (articles, website, conferences, informative leaflet)

"JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)

The other project selected for in-depth study in the case study area "Organs" is "JACIE - Joint Accreditation Committee ISCT EBMT" (2003208). JACIE's primary aim is to promote high quality patient care and laboratory performance in haematopoietic stem cell collection, processing and transplantation centres through an internationally recognised system of accreditation.

The intervention logic is illustrated in Appendix figure 10. The main output includes inspection visits, accreditation etc. The result is implementation of JACIE standards in a number of Member States with the final aim to increase quality and safety in haematopoietic stem cell transplantation.

Appendix figure 10 Intervention logic of the project "JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)



JACIE has been involved in the whole EU consultation process to develop EU Directive 2004/23/EC and associated technical annexes through JACIE personnel acting as private experts and JACIE providing official input into the public consultation process. The fact that the JACIE programme will be able to fulfil the requirements of the EU Directive contributes to encouraging harmonisation across Europe.

Effectiveness is well documented in the project final report, thus providing evidence of the success indicators of the programme:

- Number of copies of JACIE training material with detailed recipient information and provision of the manual for the public at the website, thus covering 83 per cent of active transplant centres in Europe
- 300 information packs for healthcare professionals/authorities in applicant countries and Member States, also available via the website
- 120 delegates at an postgraduate training course in Budapest in 2004
- Creation of a European JACIE office in Barcelona and set up of the JACIE online system for accreditation (used by 18 of the then 19 network countries)

- Training courses (Barcelona /Dublin/ Barcelona) for qualification as 'JACIE' inspectors (50/25/30 trainees) with high evaluation rates by over 80 per cent of the participants and appointment after examination of 25 out of 30 in the latter
- 25 of 26 transplantation centres eligible for accreditation were inspected and accredited
- Seven new countries joined the JACIE network and appointed national representatives
- Assessment report, indicating that 20 of the 25 centres which completed the survey saw the effort justified in relation to the positive impact on their programme
- List of related publications.

Appendix table 12 JACIE - Joint Accreditation Committee ISCT EBMT" (20032008)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential, input to EU Directive 2004/23/EC
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Considerably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Considerably (articles, website, education material, training courses)

Appendix table 12 provides an overview of project characteristics with regard to the assessment of effectiveness. The JACIE project is considered an outstanding example of how EU funding can facilitate the harmonisation, implementation and use of common standards in an important public health field like blood and bone marrow transplantation. It is also outstanding in its continuing activities after the end of the project period and its success with regard to international collaboration and contribution to public health policies and regulation. Appendix Appendix box 3 illustrates how JACIE interacts with a number of regulatory authorities on a variety of levels including regulations, guidelines and collaboration. The results demonstrate that the project team was very active (communication and dissemination, documentation of results, project report, website presentation, international collaboration on all levels). The team worked effectively in relation to the relatively small and transparently documented funding, especially compared to other projects.

*Appendix box 3 JACIE - interaction with regulatory authorities***Regulations**

France : Engagement with JACIE is a requirement for allogeneic transplant centres: Arrêté du 3 avril 2009 relatif au contenu du document d'évaluation des activités de greffes d'organes et de greffes de cellules hématopoïétiques. 21 avril 2009 - Edition numéro 0093, Journal Officiel de la République Française

Italy: The transposition of EU Directives 2006/17/EC and 2006/86/EC is established in Decreto Legislativo 25 gennaio 2010, n. 16. This law includes a reference to an earlier agreement from 2003 which specifically cited the JACIE standards: l'Accordo 10 luglio 2003 tra il Ministero della salute, le regioni e le province autonome di Trento e di Bolzano, sul documento recante linee guida in tema di raccolta, manipolazione e impiego clinico delle cellule staminali emopoietiche (CSE). In this document, it is clearly stated that the standards regulating the activity of hematopoietic stem cell transplant are those established by JACIE.

Switzerland: Accreditation required to receive reimbursement from Social Insurance for treatments

The Netherlands: Accreditation required to receive authorisation to transplant from Ministry of Health 25 October 2006 Regeling stamceltransplantatie

United Kingdom: Certain health funding regions of the UK are insisting that all centres (allogeneic and autologous) must be JACIE accredited

Guidelines

United Kingdom: JACIE cited in National Institute for Health and Clinical Excellence (NICE) guidelines October 2003 Improving Outcomes in Haematological Cancers: The Manual

Collaboration

Italy: Centro Nazionale de Trapianti (CNT) has coordinated inspections of Italian centres with JACIE through GITMO.

Spain: Collaboration project with the National Transplant Organisation (ONT) and the Transfusion Accreditation Committee (CAT) under the name Comité Conjunto de Acreditación (CCA).

Bibliometrics*Appendix box 4 Publication of peer-reviewed articles in relation to the project*

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- Boccaccio, C., Robin, M., & Cordonnier, C. (2008). Le programme JACIE (Joint Accreditation Committee of ISCT-Europe and EBMT). Pourquoi? Pour qui? Hématologie, 14(1), 48-55.
- Caunday, O., Faucher, C., Milpied, N., & Chabannon, C. (2010). JACIE fête son dixième

- anniversaire. *Medicine/Sciences*, 26(6-7), 652-4.
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 - Ferrà, C., Jiménez-Lorenzo, M.-J., Feliu, E., & Ribera, J.-M. (2010). [Analysis of the implementation of a Joint Accreditation Committee of the International Society for Cellular Therapy and European Group for Blood and Marrow Transplantation accreditation in a clinical program of hematopoietic progenitor cell transplantation. *Medicina clinica*. doi: 10.1016/j.medcli.2010.01.029.
 - Halle, P., Roudeix, D., Sozeau, C., Richter, M., Kanold, J., Paillard, C., et al. (2008). Expérience de mise en place d'une démarche qualité basée sur le référentiel JACIE. *Risques & Qualité*, V(1), 31-41.
 - Pamphilon, D., Apperley, J. F., Samson, D., Slaper-Cortenbach, I., & McGrath, E. (2009). JACIE Accreditation in 2008: demonstrating excellence in stem cell transplantation. *Hematology/Oncology and Stem Cell Therapy*, 2(2), 311-319.
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 - Riet, I. V. (2009b). Implementatie van Europese kwaliteitsnormen (JACIE) voor stamcel-transplantatieprogramma's in België. *Onco*, 3(4), 123-127.
 - Samson, D., Slaper-Cortenbach, I., Pamphilon, D., McDonald, F., McGrath, E., & Urbano Ispizua, A. (2007). Current status of JACIE accreditation in Europe: a special report from the Joint Accreditation Committee of the ISCT and the EBMT (JACIE). *Bone marrow transplantation*, 39(3), 133-41. doi: 10.1038/sj.bmt.1705564.
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Case study area 4: Chemical threats

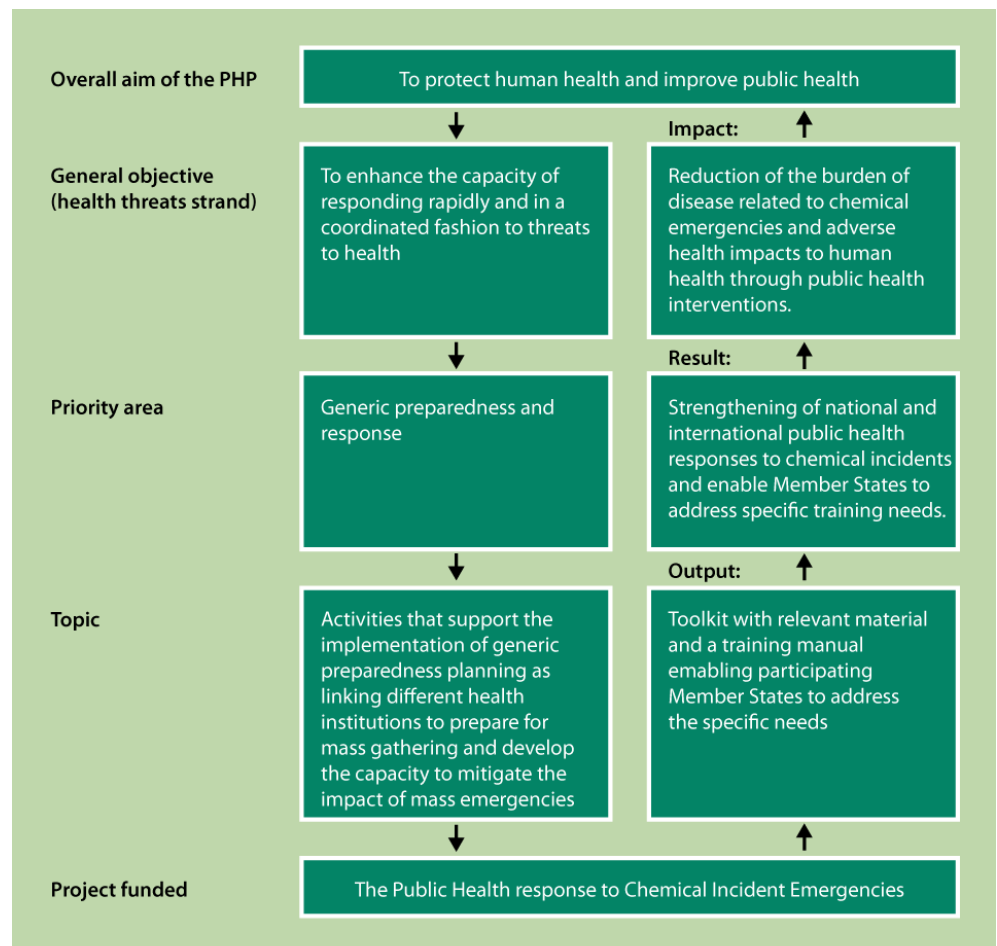
"The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)

Acting effectively on chemical incident emergencies is a public health issue of all European countries. The project "*The public health response to chemical incident emergencies (CIE Toolkit)*" (2007205) aims to connect the different activities of Member States in this field to develop a toolkit with materials and relevant training modules. The intervention logic is illustrated in . This toolkit comprises:

- Exercise cards for scenario training
- Environmental epidemiology and monitoring follow-up requirements
- Risk and crisis communication requirements
- Psychosocial consequences and care following a chemical incident emergency

- Guidelines for conducting international exercises to enable Member States.

Appendix figure 11 Intervention logic of the project "The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)



The toolkit has been designed for use by potentially all Member States. Target groups are primarily public health professionals planning strategies to cope with emergency incidents. The materials are accessible on the website www.hpa.org.uk.

The project builds on two earlier projects, namely "the development of generic scenarios, alerting systems and training modules relating to release of chemicals by terrorists (GSCT)" and "European training for health professionals on rapid responses to health threats (ETHREAT)".

The target group is local and regional public health officials across Europe. Dissemination has been undertaken through workshop presentations at the EUPHA conference in Poland (2009) and Amsterdam (2010), the HPA annual conference held in the UK, and ECOTS. The ECOTS is an international bi-annual conference for all psychiatrists, psychologists and mental health workers, policy makers working with psycho trauma in Europe. An educational ques-

tionnaire has been distributed broadly to stakeholders with responses from public health professionals from various Member States. In addition to the above, published figures on actual visits to the HPA maintained CIE Toolkit website (www.hpa.org.uk/cietoolkit) along with the distribution of project promotional material and leaflets, the conduction of focus group interviews amongst first responders, scenario training exercises with public health managers, survey work with members of the public and interviews with healthcare professionals, suggest that the project has reached a large audience. Whilst there are no definitive figures to answer this question fully, it is estimated that the number of people reached by the project can be counted by the thousands.

Regarding the implementation, there are several activities to put the materials into practice within local and regional public health institutions, in Sweden already at the national level. The reputation and acceptance of the project's products is growing steadily. Often implementation is hindered not by lack of official will but by lack of funding – resources are often allocated with focus on other public health issues, e.g. infectious diseases.

However, according to the independent expert, access to the materials may be too restricted so far. The materials should not be accessible for terrorists but some intermediate solution must be found. The strong emphasis on confidentiality makes evaluation of the materials difficult. Furthermore, it may hinder dissemination and use of the materials. The project is considered by the independent expert to work quite effectively given to the funding. Costs were higher than expected, e.g. for staff and translation purposes, but can still be covered by the project's budget. However, a three year funding period is not long enough to cover the whole project cycle, including implementation. Furthermore, the present funding model where projects compete to obtain funding may promote good start ups but entail less focus on dissemination and implementation of the results.

In

Appendix table 13, an overview of project characteristics with regard to the assessment of effectiveness is provided. Evidence of the results of the project is scarce as the project was still running at the time of the evaluation. However, there is strong evidence that the project team works actively and effectively on their goals and already has reached some milestones in their project schedule regarding the development of materials, training modules and information about the project. By translation, they address the language barrier, which is a regularly underestimated problem for implementing new contents in non-English speaking European countries. Full evaluation will be conducted following a pilot workshop, which is planned for early 2011. On this occasion, se-

lected public health officials will be invited to a two-day workshop where the CIE Toolkit will be launched and assessed for its fitness for purpose.

Appendix table 13 The public health response to chemical incident emergencies toolkit (CIE Toolkit)" (2007205)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Evidence is scarce
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Evidence is scarce
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Evidence is scarce

Bibliometrics

Appendix box 5 Publication of peer-reviewed articles in relation to the project

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"MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)

The other project selected for in-depth study in the case study area "Chemical threats" is "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209).

The intervention logic is illustrated in Appendix figure 12. The main output is a roadmap that may be used for improvement of the treatment regimes. The suggestions of this roadmap are laid down on a timeline 3, 10 and 20 years ahead.

The suggestions are of different kinds, anything from improved preparedness to improved treatment regimes incorporating modern ICT and modern biotechnology.

The project contains scenarios, interviews, reviews and a foresight. The success may be measured two ways: the interest generated by the activities and the impact of the results. Success indicators have not been used in a systematic way.

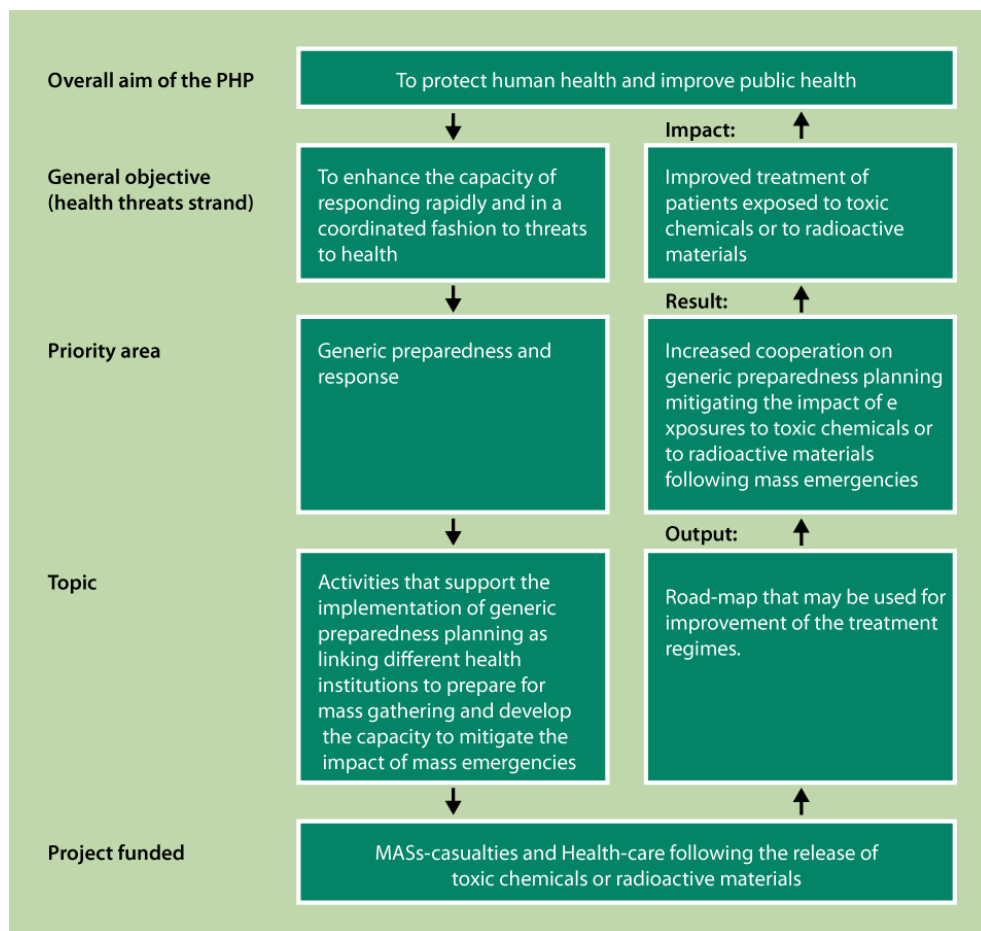
There are principally two target groups of the project: national and/or EU health planners and emergency staff involved in planning and training for preparedness at local hospitals. Of national and EU health planners, the project team has been in contact with most EU Member States (24 – 27) and a number of DG SANCO personnel (5 – 10). Local staff is a problem and the outreach has been low. In spite of contacts to three different networks of practitioners, some 500 people, the project team estimates that they have probably reached less than 5 per cent of the target group.

The impact of the project is not yet clear. If the work continues as planned, it is expected to be quite effective by the independent expert conducting the case study. So far, the project has established its own website (www.mashproject.com), resulting in several publications of the interim results scientific meetings, a draft report to the EU and a new application for further funding (documents and presentations available under 'archive' on the project website). Overall, the project is judged to be sufficiently funded at this point of time.

In

Appendix table 14, an overview is provided of project characteristics with regard to the assessment of effectiveness. Evidence of the results of the project is scarce as the project was still running at the time of the evaluation. However, the information collected indicates that the project team works very effectively on the stated goals.

Appendix figure 12 Intervention logic of the project "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)



Appendix table 14 "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Have the project produced evidence, data or methodologies with significant value (Q6)?	Evidence is scarce
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Evidence is scarce
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Evidence is scarce

Bibliometrics

Appendix box 6 Publication of peer-reviewed articles in relation to the project

There are at this stage some publications, but no peer-reviewed articles. Two peer-reviewed articles are to be submitted shortly and two more are in the planning stage.

Health determinants

The case study areas chosen under the health threat strand are "HIV/AIDS" and "Addiction - drugs". The results of the case studies in these two areas are described below.

Case study area 5: HIV/AIDS

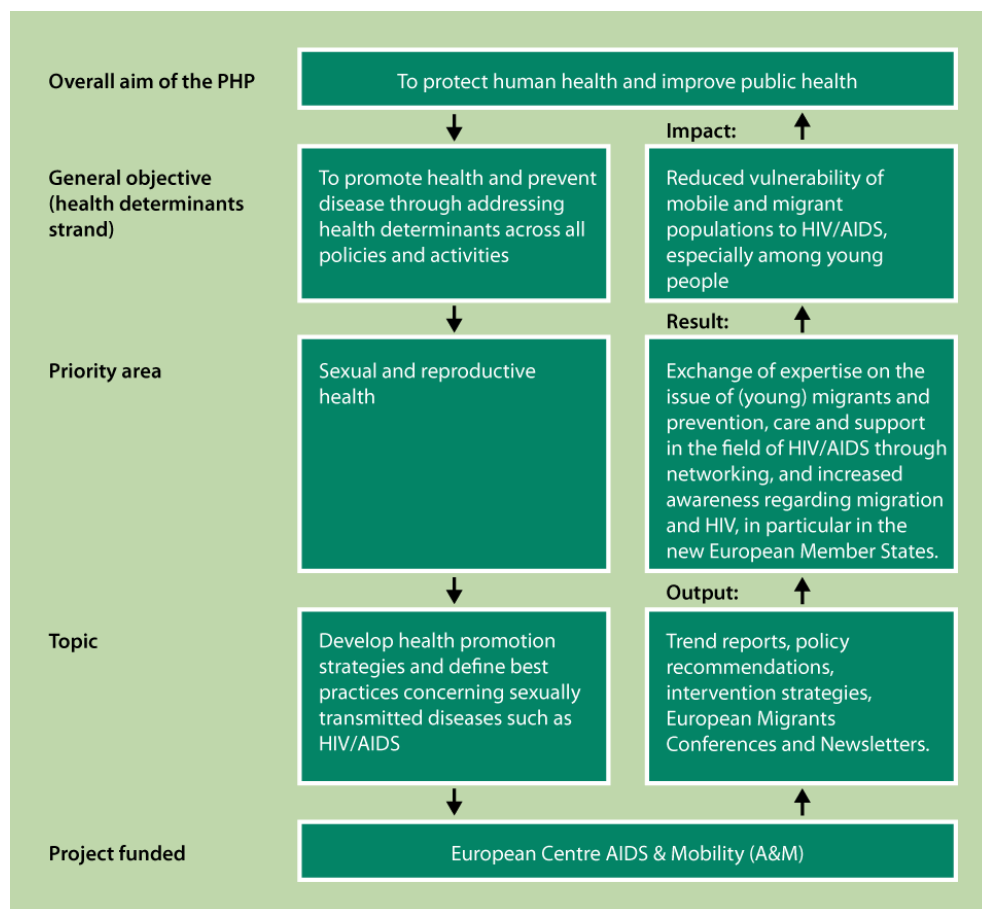
"European centre
AIDS and mobility
(A&M)" (2003303)

The general aim of the project "*European centre AIDS and mobility (A&M)*" (2003303) was to develop and exchange solutions to handle specific issues relating to the vulnerability of mobile and migrant populations to HIV/AIDS with a specific focus on young people.

The intervention logic is illustrated in Appendix figure 12. The main output is trend reports, policy recommendations, intervention strategies, conferences and newsletters. The expected result is exchange of expertise through networking and increased awareness regarding migration and HIV, in particular in the new European Member States. The final aim is to contribute to reduced vulnerability of migrants to HIV/AIDS, especially among young people.

Indicators of success used to measure project achievements focused in particular on process evaluation, i.e. the evaluation of meetings and conferences. Furthermore, visits of the AIDS & Mobility website and the documents that were downloaded from the website were monitored. For methodological reasons, there were no clear success indicators regarding the overall aim, i.e. the reduction of vulnerability of migrants to HIV/AIDS.

Appendix figure 13 Intervention logic of the project "European centre AIDS and mobility (A&M)" (2003303)



The main target group of the project were intermediaries, i.e. health professionals in the area of migration and HIV in Europe. There were about 50 people and organisations in Europe closely involved in the project, for instance as project partners (associated beneficiaries) or cooperating partners, such as trainers and advisors. About 500 people from all over Europe were in direct contact with the project, for instance as participants of conferences, meetings and training sessions. About 1500 people in Europe were reached by the project through regular postal and digital mailings, e.g. about the newsletter or updates of the documentation centre. An estimated 90,000 documents were downloaded from the website throughout the project period.

The formal partners of the project (associated beneficiaries) consisted of both governmental and non-governmental organisations, with more NGOs in Northern Europe and more governmental organisations in Southern Europe. Especially the National Plans on AIDS in Spain and Portugal were very supportive of the project and assisted in its implementation.

The 'overall mapping' of the migration scene in Europe carried out by the national partners with advice of the lead partner was effective. The project entailed operating a centre of expertise with contact persons in all European Member States and the applicant countries, by collecting, disseminating and

developing information, knowledge and best practice regarding prevention, care and support with respect to the subject. A relevant method to collect valid data, most of them for the first time because they did not exist beforehand was developed.

All expected outcomes were delivered and disseminated. The objectives were achieved in close collaboration with a network of National Focal Points (NFPs) in the European Member States and with contact persons in the applicant countries. Especially the dissemination of the results via the website was important to guarantee the access for the public and the 'scientific world'. This was successful: the website was a remarkable and important tool for the dissemination of documents.

The cost-benefit ratio related to the value of the money in terms of activities carried out relative to the budget (EU contribution of 1,559,334 for three years) is considered satisfactory.

Appendix table 15 provides an overview of project characteristics with regard to the assessment of effectiveness.

Appendix table 15 "European centre AIDS and Mobility (A&M)" (2003303)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Considerably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Considerably (newsletter, website, National Focal Points/national contact persons)

Bibliometrics

Appendix box 7 Publication of peer-reviewed articles in relation to the project

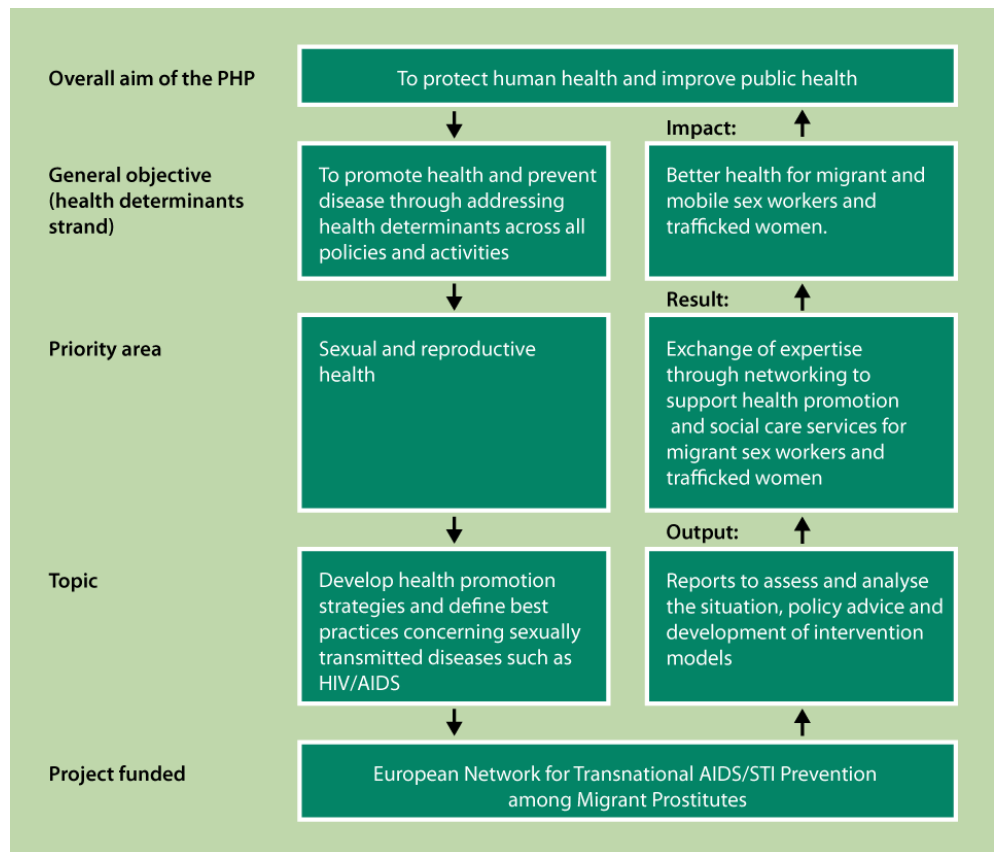
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- Del Amo, J., Bröring, G., Fenton, K., Hamers, F., Infuso, A.: Monitoring HIV/AIDS in Europe's migrant communities and ethnic minorities. In: AIDS Vol. 18 (2004), pp. 1867-1873

"European network for transnational AIDS/STI prevention among migrant prostitutes" (2004320)

The other project selected for in-depth study in the case study area "HIV/AIDS" is "European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)" (2004320).

The intervention logic is illustrated in Appendix figure 14. The main output is reports to assess and analyse the situation, policy advice and development of intervention models. The expected results are increased cooperation through networking with the final aim to contribute to better health for migrant and mobile sex workers and trafficked women.

Appendix figure 14 Intervention logic of the project "European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)" (2004320)



TAMPEP has been active as a European network since 1993. The aim of the network is to promote a comprehensive approach to the related issues of sex work, trafficking in women and HIV/STI prevention, as well as to develop synergy among NGOs and international and national agencies active in this field. This project expanded the network to 24 countries, integrating HIV/STI prevention projects from eight new Member States and two associated countries.

The target group includes migrant and mobile sex workers (including the groups of migrant sex workers in a situation of trafficking), health and social care services providers and governmental institutions, other professionals and policy-makers. In total approximately 80,000 migrant and mobile sex workers were reached in the two year programme. No information is available on the

number of the reached sex workers from the other services providers across Europe that used the TAMPEP methods and materials. In the national training seminars for TAMPEP 7 more than 1000 different health and social care services providers and persons from governmental institutions were reached or involved in events. Other professionals and policy makers were reached by consultancy services and policy advice meetings (100 technical assist sessions, 100 presentations of TAMPEP, 10 consultancy missions, 15 international policy meetings were conducted).

In TAMPEP 7 and 8, five of the national coordinator partners are governmental organisations (ministry of health, national AIDS commission, ministry of social affairs, public health institute and a municipality). The majority of the national co-financing partners of the TAMPEP programme (including TAMPEP7) are governmental organisations. Some of the TAMPEP project pilots in Italy and in other countries have been take over by the local municipalities as municipality services.

As for the project "European centre AIDS and mobility (A&M)", 'the overall mapping' of the prostitution scene of national, migrant and mobile sex workers in Europe carried out by the national partners with advice of the lead partner was very effective.

All the expected outcomes (e.g. enlarged European network, variety of training and educational material, website, CD-ROM, research to increase the competence of trainers, peer educators, cultural mediators) were delivered, used and disseminated. Especially the dissemination of the results via the website was important to guarantee the access to the public and the 'scientific world'. Additionally, until the end of February 2007, 5,000 copies of a CD-ROM with information material in 19 languages were distributed. The request forms are available via the TAMPEP website. This form of disseminating the main results is remarkable and effective.

Appendix table 17 provides an overview of project characteristics with regard to the assessment of effectiveness.

Appendix table 16 "European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)" (2004320)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Considerably

To what extent has knowledge generated by the project been disseminated and how (Q8)?	Considerably (newsletter, website, training seminars, CD Rom)
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"European network on drugs and infections prevention in prison" (2003308)

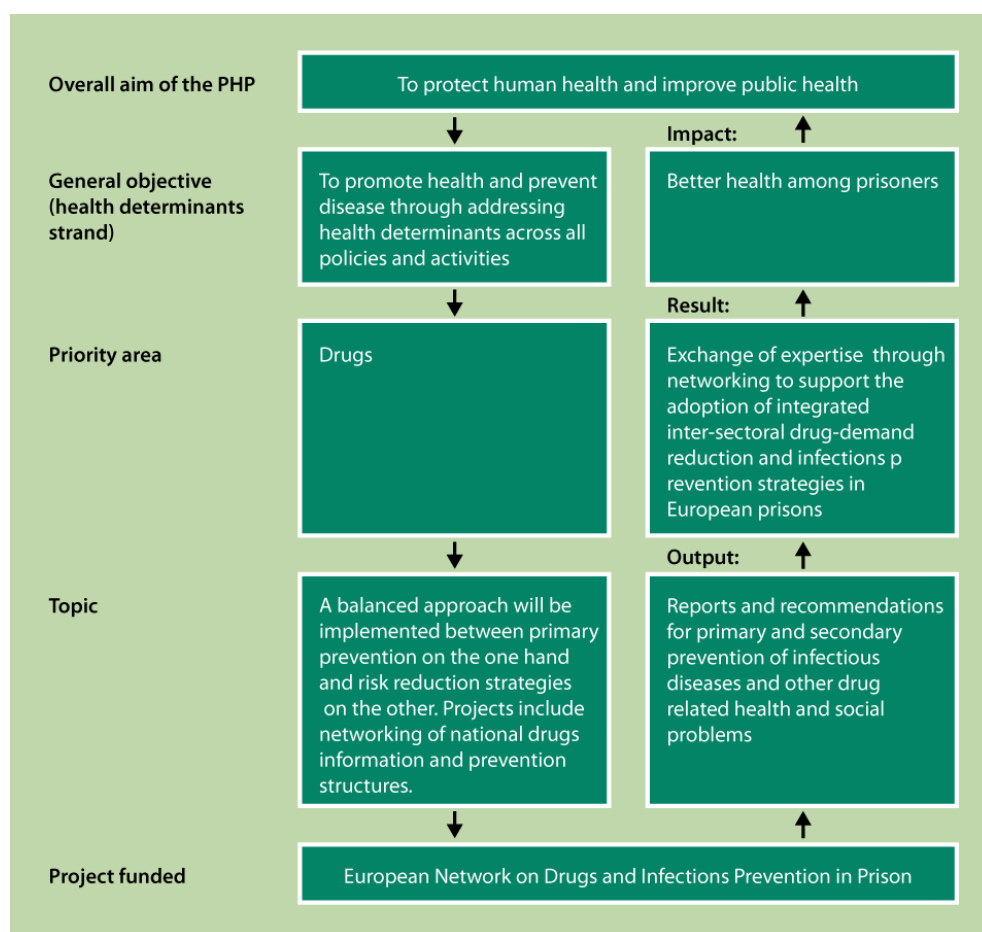
Case study area 6: Addiction - drugs

The objective of the project "*European network on drugs and infections prevention in prison (ENDIPP)*" (2003308) was to establish a Europe-wide, multidisciplinary network on prevention of drugs and infections in prison.

The intervention logic is illustrated in Appendix figure 15. The main output is reports and recommendations for primary and secondary prevention of infectious diseases and other drug related health and social problems. The expected result is exchange of expertise through networking with the final aim to contribute to better health among prisoners.

There was no specific evaluation plan, including success indicators, to measure the achievement of project objectives, apart from monitoring the achievement of milestones, deliverables and outputs.

Appendix figure 15 Intervention logic of the project "European network on drugs and infections prevention in prison (ENDIPP)" (2003308)



The target group was the prison population in Europe. On a given day, there are about 600,000 people in prison in the EU Member States, but the turnover rate is one million annually. This means that quite many people pass the custody system in Europe each year. It is, however, difficult to estimate how many were actually reached by the project.

All the expected outcomes were delivered. Data and information on infectious diseases, drug use and related consequences were collected and analysed. Epidemiological as well as sociological research tools were developed. Exchange of experiences and information on drugs and infections prevention in prison were widely facilitated through the ENDIPP conferences, study visits and training academies. Furthermore, the project has resulted in recommendations for primary and secondary prevention of infectious diseases and other drug related health and social problems. The approach of the project was very effective in collecting sociological and epidemiological data (some of them for the first time in Europe) to improve information and knowledge for the development of integrated intersectoral drug-demand reduction and infections prevention strategies in European prisons. The outcomes were disseminated via the website to guarantee the access to the public and the 'scientific world'.

Appendix table 17 provides an overview of project characteristics with regard to the assessment of effectiveness.

Appendix table 17 "European network on drugs and infections prevention in prison (ENDIPP) (2003308)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Yes
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Considerably
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Considerably (articles, newsletter, website, training seminars, conferences)

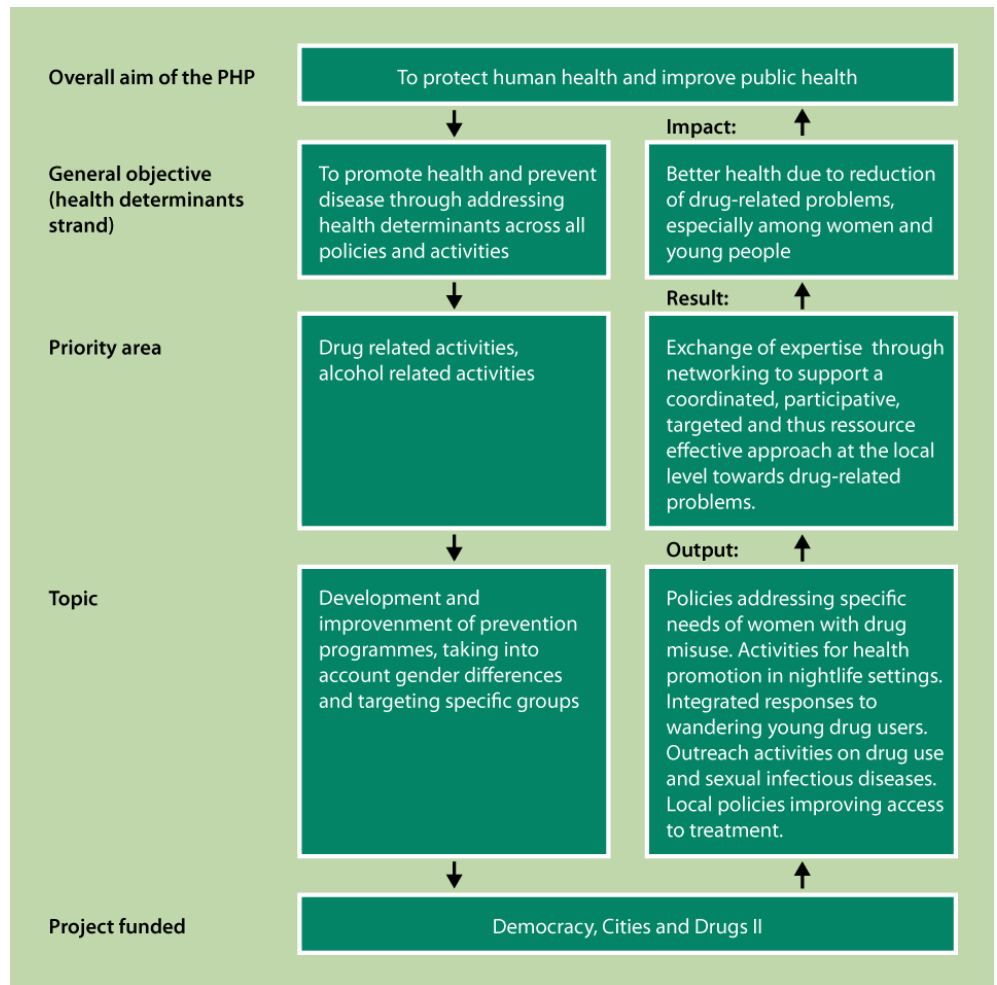
"Democracy, cities and drugs II" (2007306)

The other project selected for in-depth study in the case study area "Addiction - drugs" is "Democracy, cities and drugs II" (2007306).

The intervention logic is illustrated in Appendix figure 16. The main output includes policies and activities for health promotion in nightlife settings, wandering young drug users, drug use and sexual infectious diseases. The expected result is exchange of expertise through networking with the final aim to reduce drug-related problems, especially among women and young people.

Indicators of success used to measure project achievements focused in particular on process evaluation, i.e. the production of the concrete foreseen outputs as well as the attendance to each event organised in the framework of the project implementation. An evaluation questionnaire is distributed after each meeting. Otherwise, indicators to measure the achievement of project objectives were not used.

Appendix figure 16 Intervention logic of the project "Democracy, cities and drugs II" (2007306)



The primary target group is local actors (practitioners and local elected officials) involved in their cities in drug-related policies. There are 25 cities directly involved in the network, which have participated in all organised activities.

Based on the lessons learned from the first Democracy, Cities & Drugs project (2005-2007), the second project has as its objective to support EU cities to develop local, partnership-based drug policies, involving relevant stakeholders (local authorities, health services criminal justice services, communities, including visible minority ones, and drug service users). The ultimate goal is to develop a coordinated, participative, targeted, and thus resource-effective approach to drug-related problems.

The implementation of the five thematic platforms (policies addressing specific needs of women with drug misuse; activities for health promotion in nightlife settings; integrated responses to wandering young drug users; outreach activities on drug use and sexual infectious diseases; and local policies improving access to treatment) and four national platforms (networks of cities) was an effective way to start and carry out the development of parallel contents for the

EU partner cities. The project includes a clear internal evaluation. The dissemination strategy is appropriate. It is to be expected that the project will work successfully to improve information and knowledge for the development of integrated intersectoral drug-demand reduction and infection prevention strategies in European cities.

Appendix table 19 provides an overview of project characteristics with regard to the assessment of effectiveness. Evidence of the results of the project is scarce as the project was still running at the time of the evaluation.

Appendix table 18 "Democracy, cities and drugs II" (2007306)

Evaluation questions	Assessment by PHP expert
To what extent has the project contributed to the preparation, development and implementation of EU public health policy initiatives (Q5)?	Strong potential
Has the project produced evidence, data or methodologies with significant value (Q6)?	Evidence is scarce
To what extent has the project helped transmit experience/best practices to and from health stakeholders (Q7)?	Evidence is scarce
To what extent has knowledge generated by the project been disseminated and how (Q8)?	Evidence is scarce

Bibliometrics

Appendix box 8 Publication of peer-reviewed articles in relation to the project

No peer-reviewed articles were published in relation to the project. The project and its results were disseminated among networks relevant considering the target group (local actors).

The EU level public health initiative - consistency/complementarity of the PHP

Each case study includes an assessment of the consistency/complementarity between PHP activities, national activities, international activities and other cross-border activities.

Health information

The case study areas chosen under the health information strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

"Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

The project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121) dealt essentially with the analytic challenges involved in comparing the disease burdens experienced by different countries and assessed how these have changed over time. In order to meet these challenges, it was necessary to sort out major issues in comparing cause of death data between Member States and widespread deficiencies in surveillance systems for chronic disease risk factors.

The project worked in close contact with experts on mortality from the Eurostat Core Group on Causes of Death and with mortality-related projects in the former Public Health Monitoring Programme, especially the INSERM project on improvement of certification of causes of death. The ability to dovetail with other national-level activities was ensured by the selection of highly experienced national coordinators.

The project focus seems fully consistent not only with the original rationale for the establishment of the PHP, but also with the White Paper "*Together for Health: A Strategic Approach for the EU 2008-2013*"⁹ and with the decision of the Parliament and Council establishing a second programme of Community action in the field of health (2008-2013).¹⁰ The latter, in particular, points out that "the Programme should also foster appropriate coordination and synergies among Community initiatives regarding the collection of comparable data on major diseases, including cancer" (page 4).

"Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

The other project selected for in-depth study in the case study area "Comparable European information" - "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114) - planned from the very beginning to promote the transfer of the perinatal health indicators developed by the EURO-PERISTAT project to relevant stakeholders, as well as to reinforce partnership with other EU-funded projects. The European Perinatal Health Report does include key data and analyses from three other European projects that monitor perinatal health, i.e. the Surveillance of Cerebral Palsy in Europe (SCPE), the European Surveillance of Congenital Anomalies (EUROCAT), and the European Information System to Monitor Short and Long-Term Morbidity to Improve Quality of Care and Patient Safety for Very-Low-Birth-Weight Infants (EURONEONET).

As the project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*", the project focus seems fully consistent with the original rationale for the establishment of the PHP, the White Paper "*Together for Health: A Strategic Approach for the EU 2008-*

⁹ Commission of the European Communities. *Together for Health: A Strategic Approach for the EU 2008-2013 (White Paper)*. Brussels: Commission of the European Communities; 2007 (COM (2007) 630 final).

¹⁰ European Parliament and the Council. 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). *Official Journal of the European Union* 2007; L301:3-13.

2013" and with the decision of the Parliament and Council establishing a second programme of Community action in the field of health (2008-2013).

Case study area 2: Creation and support of knowledge management networks

"European surveillance of congenital anomalies (phase 3)" (2003219)

The project "*European Surveillance of Congenital Anomalies (Phase 3)*" (2003219) - selected for in-depth study in the case study area "Creation and support of knowledge management networks" - was completed in collaboration with EUROSTAT (Unit D6: Health and food safety) to guarantee coherence with EUROSTAT standards and developments and with SANCO C2 European Community Health Indicators (ECHI) project to guarantee coherence with ECHI concepts and list of indicators.

As an example of the responsiveness by the project to development at national level, it is worth pointing out that the EUROCAT Committee on Ethics and Confidentiality undertook a survey in relation to parental consent for registration during the life span of Phase 3. This was done as the issue of data privacy had been gaining traction in national agendas across Europe, and the potential implications of this trend on the operations of a registry had to be assessed. Another survey was carried out to compare prenatal screening policies in Europe as well as variation in laws regarding termination of pregnancy (whether legal or not and up to what gestational age).

The project is in full alignment with the goals pursued with the establishment of the PHP and more recent pronouncements by EU bodies, such as the White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" and the decision by the Parliament and Council to establish a second programme of Community action in the field of health (2008-2013).

EUROCAT also plays a role at a global level as a WHO Collaborating Centre for the Epidemiological Surveillance of Congenital Anomalies. As such, it contributes on a regular basis to WHO databases, e.g. with reference to oral clefts (WHO International Craniofacial Database).

"Rare diseases portal" (2006119)

The other project selected for in-depth study in the case study area "Creation and support of knowledge management networks" - "*Rare diseases portal*" (2006119) - was completed in collaboration with EUROSTAT (Unit D6: Health and food safety) to guarantee the coherence with EUROSTAT standards and developments and with SANCO C2 European Community Health Indicators (ECHI) project to guarantee the coherence with ECHI concepts and list of indicators. Additionally, Orphanet has established a partnership with EUROCAT, a European network of population-based registries of congenital anomalies.

Furthermore, Orphanet collaborates with the World Health Organisation in the revision process of the International Classification of Diseases.

The Commission identified rare diseases as a priority for action in its White Paper "Together for Health: A Strategic Approach for the EU 2008-2013". EU

law and funding for R&D projects aim to promote the development of orphan drugs for patients with rare diseases. The EU plans a review of the marketing conditions for orphan drugs across Europe, as the prices and availability of such drugs vary widely. At the same time, the EU is promoting optimal prevention, diagnosis and treatment of rare diseases, in particular by strengthening European reference networks. These networks are meant to link centres of expertise and professionals in different countries to share experience and training, disseminate knowledge, create knowledge and identify where patients should go when expertise is unavailable in their home country. More recently, following the Commission's "Communication on rare diseases: Europe's challenges" (COM(2008) 679 final), with its "Recommendation on an action in the field of rare diseases" (2009/C 151/02), the Council has recommended that Member States establish and implement plans to combat rare diseases by the end of 2013. The "Rare diseases portal" therefore seems not only fully compatible with this landscape, but also in a position to lead the way in areas which recently moved up the agenda of European public health.

Health threats

The case study areas chosen under the health threat strand are "Organs" and "Chemical threats".

Case study area 3: Organs

"European living donation and public health" (2006211)

The project "*European living donation and public health*" (2006211) is tightly connected with the project ELIPSY (European Living Donor Psychosocial Follow-up) and LIDOBS (Living Donor Observatory).

The main objective of the ELIPSY project is to contribute to guaranteeing the good quality of organ living donation for transplant through a living donor long-term psychosocial and quality of life follow-up. This project receives co-funding from the EU Health Programme 2008-2013.

LIDOBS is a living donor knowledge community born from the research group created in the EULID project with the continuity of the ELIPSY project.

Although donations proceeding from deceased people are very well regulated, there is no specific pronouncement of the European Union in relation to standards of quality and safety for the living donation process. There is a great heterogeneity among European countries' legislation, ethical concerns, and protection systems and donor's data registries on the topic.

"JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)

The other project selected for in-depth study in the case study area "Organs" is "*JACIE - Joint Accreditation Committee ISCT EBMT*" (2003208).

The JACIE accreditation programme is in line with the EU Directive on human tissues and cells. JACIE has been involved in the whole EU consultation process to develop the EU directive and technical annexes, through JACIE personnel acting as private experts and JACIE providing official input into the public consultation process.

Furthermore, JACIE has contributed to non-binding guidelines by the Council of Europe to safety and quality assurance of organs, tissues and cells.

Case study area 4: Chemical threats

"The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)

The project "*The public health response to chemical incident emergencies (CIE Toolkit)*" (2007205) aims to connect the different activities of the Member States in this field to develop a toolkit with materials and relevant training modules. The project is complementary to other activities in this field. There are expert network connections with colleagues from ETHREAT¹¹ and awareness of complementary projects.

"MASs - Casualties and health care following the release of toxic chemicals or radioactive materials" (2007209)

The other project selected for in-depth study in the case study area "Chemical threats" - "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209) - builds on information from the WHO network REMPAN (Radiation Emergency Medical Preparedness and Assistance Network), IAEA (International Atomic Energy Agency)¹², WIISARD project (USA)¹³ and several EU projects.

Health determinants

The case study areas chosen under the health threat strand are "HIV/AIDS" and "Addiction - drugs".

Case study area 5: HIV/AIDS

"European centre AIDS and mobility (A&M)" (2003303)

The approach of the project "*European centre AIDS and mobility (A&M)*" (2003303) to consolidate and further develop HIV/STI prevention and health promotion interventions for mobile young migrants was considered of high priority by experts and policy makers. It has been mainstreamed in the EU and influenced international policies and programmes. The project promoted the transfer of research and training experience to relevant stakeholders. This service/advice was frequently provided to a wide range of audiences, from re-

¹¹ ETHREAT is a European Public Health Project launched in May 2005, which aims to plan and develop an educational package containing all the information and the training material necessary to empower European health professionals, including armed forces health personnel, to rapidly recognise clinically and adequately respond to new public health threats, such as attacks with biological, chemical and radiological agents.

¹² The IAEA is a center of cooperation in the nuclear field within the United Nations family. The Agency works with its Member States and multiple partners worldwide to promote safe, secure and peaceful nuclear technologies.

¹³ The goal of the Wireless Internet Information System for Medical Response in Disasters (WIISARD) is to provide emergency personnel and disaster command centers with medical data to track and monitor the condition of victims on a moment-to-moment basis. In addition, to develop technologies to enhance communication among emergency team members and ensure their safety by tracking the "hot zone" or location and wind drift of the chemical or radioactive matter.

searchers, service providers and communities to representatives of NGOs, national governments, policy makers and international organisations. Furthermore, A&M was well represented at the World AIDS Conferences in Bangkok (July 2004) and Toronto (2006), at both conferences responsible for a satellite meeting on migration and AIDS, at the national Dutch AIDS Conferences (2004, 2005 and 2006) and at the national Greek AIDS Conference (2005).

The work experience within the project led to complementary cooperation with other EU Agencies. A&M was a member of the Civil Society Forum (CSF) installed by the European Commission in connection with the Think Tank on HIV/AIDS. A&M staff members attended CSF meetings and provided advice on subjects related to migration/population mobility and HIV. In particular, input was given to the communication of the European Commission on HIV/AIDS and the Commission working paper "Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighbourhood".

The project is considered to be fully consistent with other activities in the field and was completed in close cooperation with international organisations such as the UN.

"European network for transnational AIDS/STI prevention among migrant prostitutes" (2004320)

Also, the approach of the other project selected for in-depth study in the case study area "HIV/AIDS" - "European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)" (2004320) - was considered of high priority by experts and policy makers and has been mainstreamed in the EU and influenced international policies and programmes. The project promoted the transfer of research and training experience to relevant stakeholders. This service/advice was frequently carried out to a wide range of audiences, from researchers and service providers to representatives of NGOs, national governments, policy makers and international organisations (different universities, ministries of EU-MS, OSCE, WHO, UNAID, UNODC, UNOHCHR).

The work experience within the project led to complementary cooperation with other EU agencies.

Parallel projects were one in the Ukraine under the MATRA Programme¹⁴ and another one within the DAPHNE Programme¹⁵.

The project is considered to be fully consistent with other activities in the field and was completed in close cooperation with international organisations such as the OSCE and UN.

¹⁴ The Matra programme is a Dutch programme with the objective of supporting democracy in 14 Central and East European countries.

¹⁵ The Daphne Programme is an EU programme of community action on preventive measures to fight violence against children, young people and women.

Case study area 6: Addiction - drugs

"European network on drugs and infections prevention in prison" (2003308)

The project approach of "*European network on drugs and infections prevention in prison (ENDIPP)*" (2003308) was also considered a high priority by experts and policy makers. The project promoted the transfer of research and training experience to relevant stakeholders. This service/advice was frequently provided to a wide range of audiences, from researchers and service providers to representatives of NGOs, national governments and international organisations (different universities, ministries of EU-MS, WHO, UNODC, Members of the European Parliament).

The work experience within the project led to complementary cooperation with other EU agencies, e.g. the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in Lisbon and the European Centre for Disease Prevention and Control (ECDC) in Stockholm.

WIAD (Scientific Institute of the German Medical Association) was the beneficiary responsible for laying the ground for the integration process of three former networks into the ENDIPP network. Current related projects with the involvement of WIAD are: "Training of criminal justice professionals (TCJP)" funded by SANCO (www.tcjp.eu), "Through care for prisoners with problematic drug use" funded by DG JLS (www.throughcare.eu), "Health promotion for young prisoners" funded by DG SANCO (see www.HPYP.eu). Furthermore, WIAD was involved in a tender funded by DG SANCO ("Drug policy and harm reduction", tender no SANCO/2006/C4/02) and reported on prevention, treatment and harm reduction services in prison, on reintegration services on release from prison, methods to monitor/analyse drug use among prisoners and on tobacco smoking in prison.¹⁶

The project is considered to be fully consistent/complementary to other activities in the field under the PHP, other EU Programmes and the WHO project "Healthy Prisons".

"Democracy, cities and drugs II" (2007306)

Also the approach of the other project selected for in-depth study in the case study area "Addiction - drugs" - "*Democracy, cities and drugs II*" (2007306) - was considered of high priority by experts and policy makers. The project promotes the transfer of experience to relevant policy makers, professionals, stakeholders, EU agencies and EU programmes. This service/advice will be expanded in the third (and last) project year related to the results of the thematic and national platforms. Furthermore, there is an ongoing cooperation with EU DG Justice, Freedom and Security, and with the "Pompidou Group", the inter-governmental body of the Council of Europe fighting against drug trafficking and drugs use.

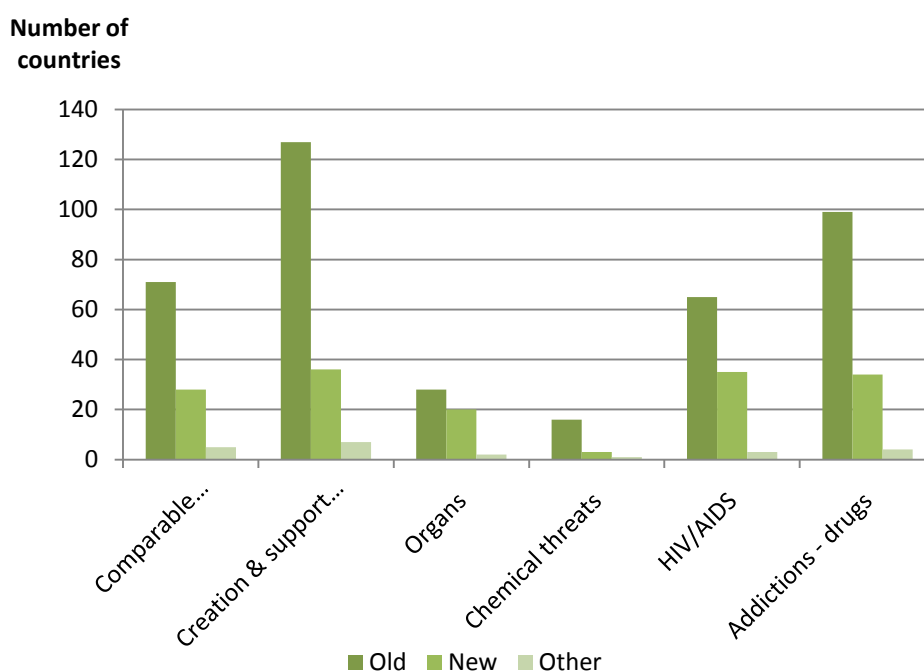
¹⁶ See http://wiad.de/projekte/inf/drugpolicy/finalrep_Part2_prison_25.04.08_pdf.pdf and http://ec.europa.eu/health/ph_determinants/life_style/drug/drug_call_en.print.htm

The EU level public health initiative - support/involvement of the PHP

Each case study includes an assessment of the national efforts to participate in PHP activities.

Appendix figure 17 provides an overview of number of countries from the new and old Member States and third countries participating in projects identified in the six case study areas. The number of new Member States participating in the projects is highest in the case study area "Creation and support of knowledge and management networks" under the health information strand, but the percentage is highest in the case study area "Organs". Both number and percentage of new Member States are relatively high in the case study area "HIV/AIDS". Other countries include Iceland, Norway, Switzerland and Turkey.

Appendix figure 17 Number of countries participating in projects selected for case studies



Source: COWI based on information from project abstracts available from EAHC project database

Health information

The case study areas chosen under the health information strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

"Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

The project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121) had a single beneficiary in Poland but spanned a variety of countries in its activities. High-profile national coordinators were appointed in Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Slovakia and Slovenia. Furthermore, the entire project was implemented in close cooperation with international researchers involved as members of the Steering Committee, Working Group, Expert Group, Co-Investigators and ultimately as co-authors of the books and papers published based on project outcomes.

The national coordinators authored or co-authored a 52-page "Country Profile" which was made available both in English and in the local language. In most countries, press conferences were organised to present the "Country Profile" itself.

For nine countries out of ten (except Latvia), more exhaustive country reports were also produced as a joint endeavour between country staff and the Warsaw-based project team.

"Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

The other project selected for in-depth study in the case study area "Comparable European information" - "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114) - has two associated partners in France (the country of the beneficiary) plus three more associated partners in the Netherlands, France and Portugal. Moreover, it involved data providers and health professionals from all Member States as well as Norway through the EURO-PERISTAT network.

The original application referred to the plan to recruit members for the network from Bulgaria and Romania to cover the full spectrum of Member States as of 2007. However, there is no reference to these two countries in the final version of the European Perinatal Health Report.

The researchers who developed the European Perinatal Health Report believe that comparable health data have the power to motivate improvements in health care. However, a precondition is that they are able to get through to people who have the power to make changes. This requires support from the national level. The task to identify and reach stakeholders in the field of perinatal health proved to be complicated because of variations in the participating countries in the way policy decisions are made. A literature review and a series of semi-structured interviews were undertaken to better understand the terrain of decision-making. Furthermore, a questionnaire was distributed among the network of experts to identify actual contacts within countries.

Case study area 2: Creation and support of knowledge management networks

"European surveillance of congenital anomalies (phase 3)" (2003219)

The project "*European Surveillance of Congenital Anomalies (Phase 3)*" (2003219) involved as many as 45 associated partners, clearly benefiting from working patterns developed in the framework of previous European projects implemented jointly. The changes in EUROCAT membership over the years show that new registries express their willingness to join the network. On the other hand, old members might lose their status because of their inability to transmit data to the central registry. In any case, the constant demand by new registries in and outside of the European Union to join EUROCAT (as full members, associate members or affiliate members) is a striking indicator of the importance attributed to this project at both national and regional levels.

At the end of the project (in 2007), EUROCAT counted 34 full members, five associate members and ten affiliate members operating in 20 countries of Europe. Population coverage totalled 1.5 million births per year, i.e. 26 per cent of EU births and 25 per cent of births in all European countries. Due to later expansion of the network, these percentages have now increased to about 30 per cent.

"Rare diseases portal" (2006119)

The other project selected for in-depth study in the case study area "Creation and support of knowledge management networks" - the "*Rare diseases portal*" (2006119) - has associated partners in 19 Member States, including a partner from a candidate country (Turkey). In practice, it relies on an existing, broader network, i.e. the consortium of European partners running Orphanet.

The French coordination team is responsible for maintaining the database and the website, updating the diseases list and classification, producing the Orphanet Encyclopaedia, coordinating the national team efforts and implementing quality control.

The national teams are responsible for collecting information about clinical services, research activity and patient organisations at country level. All teams adhere to a 'quality charter'. They also ensure the translation of the Orphanet Encyclopaedia summary entries into their national languages. In each country, a scientific advisory board has been established. This board is in charge of advising the local Orphanet team and validating the information about services provided in the country before publication in the Directory of Services. Currently the following national teams are actively participating: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Germany, Greece, Denmark, Estonia, Finland, France, Hungary, Ireland, Israel, Italy, Latvia, Lebanon, Lithuania, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey and the United-Kingdom.

Health threats

The case study areas chosen under the health threat strand are "Organs" and "Chemical threats". The results of the case studies in these two areas are described below.

"European living donation and public health" (2006211)	<p>Case study area 3: Organs</p>	<p>In general, the national efforts to participate in the project "<i>European living donation and public health</i>" (2006211) depend on the extent to which the countries have developed their own internal regulation, laws and quality standards. If countries have quite sophisticated internal regulation, laws and quality standards, they tend to be more reluctant to participate – due to reservations about participating in such external regulatory consensus processes. Other countries with good experiences in living organ donation, such as Spain, were more positive.</p>
"JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)	<p>As the project is highly relevant to the field of organ donation across Europe, more detailed information about the consensus process at the website and a list of relevant publications or evidence about the impact of the recommendations in the participant countries would be warranted.</p>	<p>The other project selected for in-depth study in the case study area "Organs" - "<i>JACIE - Joint Accreditation Committee ISCT EBMT</i>" (2003208) - involved distribution of information packs to ensure that medical professionals outside the existing JACIE network as well as health authority officials throughout Member States to highlight the JACIE programme.</p>
"The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)	<p>Case study area 4: Chemical threats</p>	<p>The project "<i>The public health response to chemical incident emergencies (CIE Toolkit)</i>" (2007205) aims to connect the different activities of the Member States in this field to develop a toolkit with materials and relevant training modules. Sweden, Poland, Greece, the Netherlands and UK were associated partners and made efforts to take part in the project.</p>
"MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)	<p>The other project selected for in-depth study in the case study area "Chemical threats" is "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209).</p>	<p>The Swedish National Board of Health and Welfare supplies the necessary additional funding for this project covering 40 per cent of the costs (the EU finances 60 per cent). This underlines the national effort to participate. As it is difficult to obtain national funding, it is important to raise awareness among the national stakeholders that complementary funding is necessary and highly supportive. Moreover, a wider European outreach (participation of all 27 Member States) may be promoted by allowing the EU to finance more than 60 per cent of selected project costs. Today the 40/60 per cent funding is applied to every activity of a project, including meetings which have been set up for the important purpose of gathering representatives from each Member State in order to inform and involve them in the project.</p>
<p>Health determinants</p>	<p>The case study areas chosen under the health threat strand are "HIV/AIDS" and "Addiction - drugs".</p>	

"European centre AIDS and mobility (A&M)" (2003303)	Case study area 5: HIV/AIDS	The project " <i>European centre AIDS and mobility (A&M)</i> " (2003303) collected European wide experiences on the issue of HIV/AIDS in relation to mobile and migrant populations with a specific focus on young people in order to create transnational support systems which could be implemented at the national level. The project identified the type of health support needed in the different countries and at European level to support mobile (young) migrants with HIV/AIDS.
"European network for transnational AIDS/STI prevention among migrant prostitutes" (2004320)		The other project selected for in-depth study in the case study area "HIV/AIDS" - " <i>European network for transnational AIDS/STI prevention among migrant prostitutes (TAMPEP)</i> " (2004320) - also collected European wide experiences - in this case with regard to the target group of migrant and mobile sex workers and trafficked women - in order to create transnational support systems, which could be implemented at national level. The project identified the type of health and social support provided in the different countries to migrant and mobile sex workers. It identified service gaps and the specific needs of the target group.
"European network on drugs and infections prevention in prison" (2003308)	Case study area 6: Addiction - drugs	In general, health in prisons and health of prisoners are areas which do not have strong public interest. The project " <i>European network on drugs and infections prevention in prison (ENDIPP)</i> " (2003308) collected European-wide experiences related to drugs and infection prevention in prisons in order to create transnational support systems to be implemented at the national level. The project identified the type of support provided in different countries, specific needs (formalities, prisons patterns, health and social needs etc.) and national characteristics.
"Democracy, cities and drugs II" (2007306)		Drug use is a reality that affects several levels of civil society in all Member States. The other project selected for in-depth study in the case study area "Addiction - drugs" - " <i>Democracy, cities and drugs II</i> " (2007306) - collected European wide experiences in terms of key community strategies on drugs and alcohol in order to develop new local, partnership based drug policies involving the relevant stakeholders and to be implemented at community/city level. The ongoing project tries to identify the type of support provided in different countries, specific needs (formalities, city patterns, health and social needs etc.) and national characteristics.

Monitoring of the PHP

No answers from case studies

A sustainable EU public health effort - sustainability of the PHP

Each case study includes an assessment of the sustainability of project activities.

Health information

The case study areas chosen under the health information strand are "Comparable European information" and "Creation and support of knowledge management networks".

Case study area 1: Comparable European information

"Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement" (2003121)

The project "*Closing the gap - reducing premature mortality. Baseline for monitoring health evolution following enlargement*" (2003121) was concluded in April 2008 - after an extension of the project duration from 36 to 41 months - with some dissemination activities continuing throughout the summer of 2008. Because of its focus, i.e. the establishment of a baseline, it did not require a fully-fledged sustainability plan. The project website with all project deliverables in a downloadable format and staff contact information serves as the 'legacy plan'. The clear project ownership with only one beneficiary may have contributed to the effectiveness of this 'legacy plan': the only beneficiary was both responsible and interested in continuous visibility of the results of the project.

The PONS project (PNRF-228-AI-1/07) "Establishing infrastructure for population health study in Poland" - co-financed by Polish-Norwegian Research Fund in years 2010-2011 - is a direct continuation of the project. For more information, see www.projectpons.pl.

"Better statistics for better health for pregnant women and their babies: European health reports" (2007114)

The other project selected for in-depth study in the case study area "Comparable European information" - "*Better statistics for better health for pregnant women and their babies: European health reports*" (2007114) - was designed from the very beginning to disseminate the results of previous EU-funded projects. Special emphasis was put on developing an "Action Plan for Sustainable Perinatal Health Reporting" with recommendations about the mission, structure, operation and partners of an information network, clearly hinting to the future activities of the EURO-PERISTAT network.

The need to keep investing in the direction of improved health indicators seems unchallenged. The data needed to construct the EURO-PERISTAT core indicators are available in almost all countries but there are still many gaps and many countries need to improve the range and quality of the data they collect. Many countries have little or no data on maternal morbidity, care during pregnancy and the relationship between social factors and health outcomes. It is clear that the full value of having common and comparable indicators in Europe will be realised only when collection of data becomes continuous and assessment of progress is possible: perinatal health reporting needs to be repeated to build up a picture of changes over time.

The existence of an eleven-year old network such as EURO-PERISTAT does help ensure that legacy plans can be effectively implemented, in particular through follow-up projects. Furthermore, EURO-PERISTAT plans to ask its stakeholders to evaluate the usefulness of the first European Perinatal Health Report. The network will also continue to call attention to the questions raised by the report through editorials and articles that communicate the findings to the scientific community and by carrying out further analyses of the data to un-

derstand the causes and consequences of the wide variations in perinatal health outcomes and practices. A clearer focus on policy-makers, though, seems necessary in order to ensure that the evidence gathered finds its way to public health policy initiatives.

Case study area 2: Creation and support of knowledge management networks

"European surveillance of congenital anomalies (phase 3)" (2003219)

The project "*European Surveillance of Congenital Anomalies (Phase 3)*" (2003219) was based on prior work of the EUROCAT network.

Throughout its existence, EUROCAT has been funded primarily by EU grants. The network was established in 1979 by Directorate General XII (Science, Research and Development) as a prototype for European surveillance aiming to assess the feasibility of pooling data across national boundaries in terms of standardisation of definitions, diagnosis, terminology and confidentiality. In 1991, funding was transferred to Directorate General V (Employment, Industrial Relations and Social Affairs, Health and Safety) to function as a service for the surveillance of congenital anomalies in Europe. In the absence of EU funding, EUROCAT was maintained by registry subscriptions from 1998 to 2000. European funding was re-established in November 2000 under the Programme of Community Action on Rare Diseases of Directorate General Health and then under the PHP in March 2004 with the "Phase 3" project lasting 42 months. In 2006, a new 36-month project was funded by the PHP with the same beneficiary, a similar set of associated partners (due to the changed membership of the EUROCAT network) and related objectives (Project 2006103, EUROCAT: Surveillance of Congenital Anomalies in Europe).

The ability of the network to finance itself in 1998-2000 in the absence of EU funding illustrates the value it provides to its members. This indicates that the network is indeed sustainable. However, no 'legacy plan' seems to have been developed, at least in the framework of the "Phase 3" project.

EUROCAT is expected to apply for funding as a joint action between the European Commission and the Member States, thus placing a part of the financial burden for the services it provides on national governments.

"Rare diseases portal" (2006119)

The other project selected for in-depth study in the case study area "Creation and support of knowledge management networks" - "Rare diseases portal" (2006119) - was based on prior work of Orphanet.

Orphanet was established in 1997 by the French Ministry of Health (Direction Générale de la Santé) and the INSERM (Institut National de la Santé et de la Recherche Médicale). Both organisations are still funding the core project but additional funding has been secured over the years from different interested parties in order to ensure the viability of the initiative and extend it beyond the borders of France. The European Commission, in particular, funds the encyclopaedia and the collection of data in European countries. DG SANCO has provided grants since 2000 (No S12.305098; S12.324970; SPC.2002269-2003220), whereas DG Research has provided grants from 2004 (No LSSM-

CT-2004-503246; FP6-512148; LSHB-CT-2006-08933). Others sponsors are also funding Orphanet services: the French Muscular Dystrophy Association (Association Française contre les Myopathies; AFM) sponsors OrphaNews France. Furthermore, the French pharmaceutical companies association (Les Entreprises du Médicament; LEEM) sponsors the development of the OrphanXchange database and the collection of orphan drugs data.

The ability of the network to obtain funding from different sources illustrates the value of its work and indicates that the network is indeed sustainable. However, no "legacy plan" seems to have been developed, at least in the framework of the "Rare Diseases Portal" project.

Health threats

The case study areas chosen under the health threat strand are "Organs" and "Chemical threats".

Case study area 3: Organs

"European living donation and public health" (2006211)

The project "*European living donation and public health*" (2006211) contributed to reaching a consensus on European common legal and ethical standards regarding protection and registration practices related to living organ donors. The project group continues to work on an online registry project. If there is a sustainable value of such a process, the barriers must be addressed, and research should also be conducted on the evidence of the impact of such processes and their potential to secure better outcomes for the patients and donors undergoing a living donation.

"JACIE - Joint Accreditation Committee ISCT EBMT" (2003208)

The other project selected for in-depth study in the case study area "Organs" - "*JACIE - Joint Accreditation Committee ISCT EBMT*" (2003208) - has proved highly sustainable. After the initial phase co-funded by the EU, JACIE is still an effective network, partly financed by the accreditation fees. The success of JACIE and especially its international acceptance as a 'quality seal' for blood and tissue donation centres is highlighted by the fact that JACIE became regulatory:

- In Switzerland, where the reimbursement by the social insurance system of the intervention is only guaranteed if the performing centre is JACIE accredited
- In the Netherlands, where the Ministry of Health requires JACIE accreditation before authorising a transplantation centre
- In France, where the JACIE accreditation is one of a number of criteria to be fulfilled in order to obtain authorisation for allogeneic transplantation.

Since the end of the project in 2005, JACIE has received 163 new applications, performed 128 inspections and accredited 121 centres (including reaccreditations). Another indicator of the sustainability of JACIE is the fact that 100 per cent of the institutions - which had been accredited before - reapplied for accreditation after the first accreditation period expired.

The network now aims to address the centres not engaged at present by providing training, materials and data showing the effects of quality management - and by extension accreditation - on patient outcome.

Case study area 4: Chemical threats

"The public health response to chemical incident emergencies (CIE Toolkit)" (2007205)

The project "*The public health response to chemical incident emergencies (CIE Toolkit)*" (2007205) is ongoing until 2011. The training programme should be established with a continuous perspective beyond 2011. Hopefully, it will be possible to obtain local or regional funding by public health authorities in the participant countries to ensure sustainability.

"MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209)

The other project selected for in-depth study in the case study area "Chemical threats" - "MASs-casualties and Health care following the release of toxic chemicals or radioactive materials" (2007209) - is also ongoing at the time of the completion of this evaluation. No evidence was found of measures to ensure sustainability of the results of this project.

Health determinants

The case study areas chosen under the health threat strand are "HIV/AIDS" and "Addiction - drugs".

Case study area 5: HIV/AIDS

"European centre AIDS and mobility (A&M)" (2003303)

The "*European centre AIDS and mobility (A&M)*" (2003303) is a European networking project in the field of migration/mobility and HIV/AIDS with a specific focus on young migrants coordinated by the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ).

A&M is a merger of two European networks previously coordinated by the NIGZ: the European Information Centre AIDS & Youth and the European Project AIDS & Mobility. These two networks were co-funded by the European Commission over a considerable period of time (since 1992). As of 1 January 2004, the two networks had joined forces and operated under the name AIDS & Mobility Europe funded by DG SANCO for the period 01/2004 – 12/2006. In the last year of the project period, a follow-up of the project had been prepared by A&M staff and project partners. The project proposal "AIDS & Mobility Europe 2007 – 2009: Responding to Diversity in Europe" was submitted in May 2006. This proposal was proposed for funding by the review committee. However, in the following negotiation process, no agreement could be achieved between the European Commission and NIGZ. Therefore, the project was finalised in December 2006 without a successor.

NIGZ decided at the beginning of 2007 to withdraw from its role as coordinator of A&M.

The Ethno-Medical Centre Germany (EMZ) has later been able to sign a contract as lead partner with the EAHC for the implementation of new AIDS & Mobility activities. All former partners of A&M were informed about this in September 2008. The NIGZ and EMZ decided together that all archives (addresses, literature, documentation, remaining materials) and the A&M website

should be handed over to EMZ. With the transference of A&M to EMZ, the old A&M mandate group and NFP structure officially ceased to exist. EMZ started its project with new partners under the name "AIDS & Mobility Europe", website www.aidsmobility.org (with access to the website of the former Project European Centre AIDS & Mobility 2004-2006). The access to this former website supports the sustainability of the outcomes of the former project.

"European network for transnational AIDS/STI prevention among migrant prostitutes" (2004320)

The other project selected for in-depth study in the case study area "HIV/AIDS" - "*European network for transnational AIDS/STI prevention among migrant prostitutes*" (2004320) - built on prior work of the TAMPEP network.

The TAMPEP network started in 1993 as a response to the needs of migrant sex workers in Europe. The coordination centre is located in Amsterdam at the TAMPEP International Foundation. Today, the TAMPEP International Foundation is the leading NGO in Europe in the field of research, outreach work and advocacy for national, migrant and mobile sex workers.

The TAMPEP network (24 countries in 2006) guarantees sustainable service, advice and support for national, migrant and mobile sex workers across Europe. The main channel for the general public to contact the TAMPEP network is through its website <http://tampep.eu> where all reports, information and education resources, such as leaflets in 19 languages, can be downloaded. The regularly updated project website guarantees sustainability of the outcomes as well as the results of the follow-up project (TAMPEP VIII) funded by DG SANCO in the period of December 2008 to November 2010.

Case study area 6: Addiction - drugs

"European network on drugs and infections prevention in prison" (2003308)

The objective of the project "*European network on drugs and infections prevention in prison (ENDIPP)*" (2003308) was to establish a Europe-wide, multidisciplinary network on prevention of drugs and infections in prison.

During the project period, there were significant cooperation problems between the lead partner of the project consortium, the Scientific Institute of the Medical Association of German Doctors (WIAD), and the main partner Cranstoun Drug Services, UK. These problems were confirmed by the European Court of Auditors (Project Visit Report 11 December 2007).

At the end of the project period, the lead partner decided, in the framework of the development of legacy plan activities, to submit with other partners a proposal for the continuation of the ENDIPP activities. This proposal (no. A/8001173 "Healthy Prison: The European Network") was submitted to DG SANCO on 19 May 2006 and accepted for evaluation. At the same time, Cranstoun also submitted a follow-up proposal. Both proposals received the same amount of points in the proposal evaluation. The evaluation report notes the similarities of the two proposals and that it would not be proper to fund both. Cranston's proposal was then selected for funding, and the proposal of Scientific Institute of the Medical Association of German Doctors was refused. After nine months of contract negotiations, Cranstoun decided to withdraw. When WIAD after Cranstoun's withdrawal offered to follow up the network, it was

informed that the application for funding the continuation of ENDIPP (“Healthy Prison: The European Network”) could not be accepted because it was not on the reserve list and the new call had been closed the day before Cranstoun announced to withdraw. The ENDIPP network as such and the structures established under the project could therefore not be continued.

In spite of these problems, some sustainable activities are to be mentioned:

- The ENDIPP database on prison health is continued and hosted by the WHO and will probably be transferred to the EMCDDA¹⁷.
- WIAD was involved in a PHP contract (tender) as partner to the University of Hamburg related to the subject “Training for justice personnel” (Drug policy and harm reduction, SANCO/2006/C4/02) and reported on prevention, treatment, and harm reduction services in prison, on reintegration services on release from prison and methods to monitor/analyse drug use among prisoners and on tobacco smoking in prison.
- During the lifetime of ENDIPP, some key experts of the project developed the idea to create an international journal related to the subject 'prisoner health'. The “International Journal of Prisoners Health” is now a well-established scientific journal that provides a platform for an interdisciplinary approach to prisoners' health worldwide. It is considered an excellent example of valorisation.
- The fifth European Conference on Health Promotion in Prisons was held in Hamburg (Germany) on 16-17 September 2010. The first European Conference on Health in Prison” was held in Bonn on 28–29 October 2004 under the responsibility of the former ENDIPP. WIAD, Akzept Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik, Institut für Suchtforschung an der Fachhochschule Frankfurt/Main, Deutsche AIDS-Hilfe Berlin, Schweizerhaus Hadersdorf Wien and Zentrum für Interdisziplinäre Suchtforschung der Universität Hamburg have taken over the responsibility to continue these events to ensure exchange of expertise.

"Democracy, cities and drugs II" (2007306)

The legacy plan of the project "Democracy, cities and drugs II" (2007306) includes the ongoing dissemination of the project results via the websites www.fesu.org and www.democitydrug.org beyond 2011 where the project period ends. Moreover – at the end of the project period – FESU (European Forum for Urban Safety) will decide whether or not to submit a new application in 2011 for continued funding to strengthen the work on integrated responses to the drug phenomenon at EU city level. This new application would be in line with the former application of this project, i.e. to sustain and continue prior work.

¹⁷ The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was established in 1993. As one of EU's decentralised agencies located in Lisbon, it aims to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate