Framework Contract SANCO/2008/01/055 Lot 1: Provision of Evaluation, Impact Assessment and Related Services to the Commission in the Areas of Public Health, Consumer Protection and Food Chain

Specific Contract: Mid-Term Evaluation of the Health Programme

ACTION LEADERS SURVEY

(ANNEX TO DRAFT FINAL REPORT)

Revised Version

Report prepared by

"Public Health Evaluation and Impact Assessment Consortium" (PHEIAC)

Including:

Economisti Associati (Lead Firm)

The Evaluation Partnership (Partner)

Liberio Istituto Universitario Carlo Cattaneo – CREMS (Partner)

CEMKA-EVAL (Partner)

9th August 2011

Table of Contents

1. Introduction

As part of the data collection effort, an online survey was undertaken targeting all leaders of actions funded under the Health Programme (2008-2013). The main objective of the survey was to gather quantitative data and qualitative information on the different actions with a view to developing findings and drawing conclusions at the programme level based on the aggregated results.

The survey was put online from the week commencing February 22nd until April 8th 2011. A first invitation email was sent out to 174 leaders of actions from 2008, 2009 and 2010. A second invitation email was sent to 19 leaders of 2008 tenders. After six and a half weeks online, 86 responses were collected (response rate of 45%). This represents a confidence interval of +/-7.89% (at a confidence level of 95%). A breakdown of responses is presented in the table below.

Responses by Financing Mechanism

Financing Mechanism	No. of Action leaders responding	% of respondents
Projects	50	60%
Conferences	12	14%
Operating Grants	7	8%
Direct Agreements	5	6%
Joint Actions	5	6%
Tenders	5 (N.b. 2 excluded from analysis – provided name only)	6%
Total	**84** (N.b. 2 excluded from analysis)	**100%**

Please note that percentages have been calculated based on the number of respondents to each question (n-value).

2. Profile of respondents

The profile of respondents to the survey is characterised by the following features:

> **Organisation's country of origin:** The Netherlands was named as the country of origin of their organisations by the largest number of responding action leaders (18.2%). Respondents representing organisations based in The Netherlands, Italy, UK and Spain made up more than half of the total number of respondents who answered this question (see graph 2 below).

Graph 2 – Respondents representing organisations by countries of origin
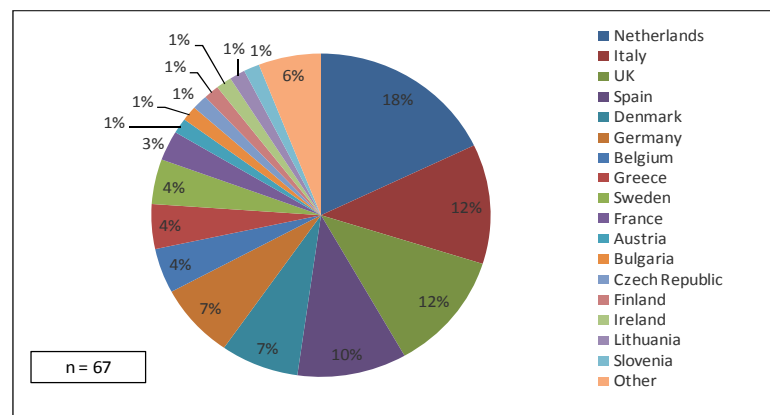
> Western Europe was represented by just under half of the survey respondents (48%), followed by Southern (27%) and Northern Europe (15%) while only 6% of respondents represented organisations based in Eastern Europe. 4% of respondents represented actions carried out by international organisations, e.g. the UN and WHO (see graph 3 below).

Graph 3 – Respondents representing organisations by region[1]
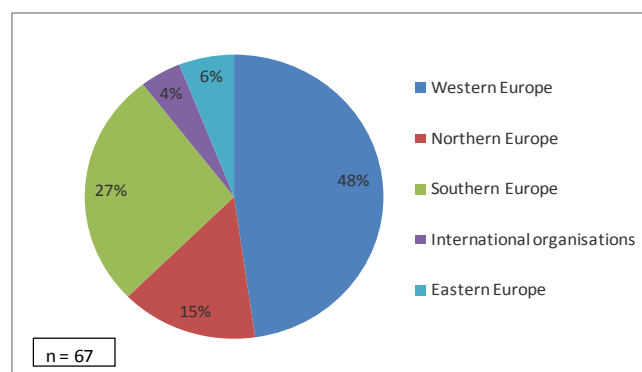
> 88% of the named countries of origin belonged to the group of old EU Member States[2], with only 6%

5

of respondents representing organisations from new EU MS[3].

- ➢ **Other Member States or countries represented in project:** When asked which other Member States or participating countries are represented in their projects as associated countries, a large share of the respondents cited Italy (50%) followed by the UK (37%) and Germany((34%). Also cited more often than others were Spain and France (27% each), as well as Bulgaria (26%) and Czech Republic (24%). Please note that respondents were able to select more than one country.

Graph 4 – Partner / associate organisations by country
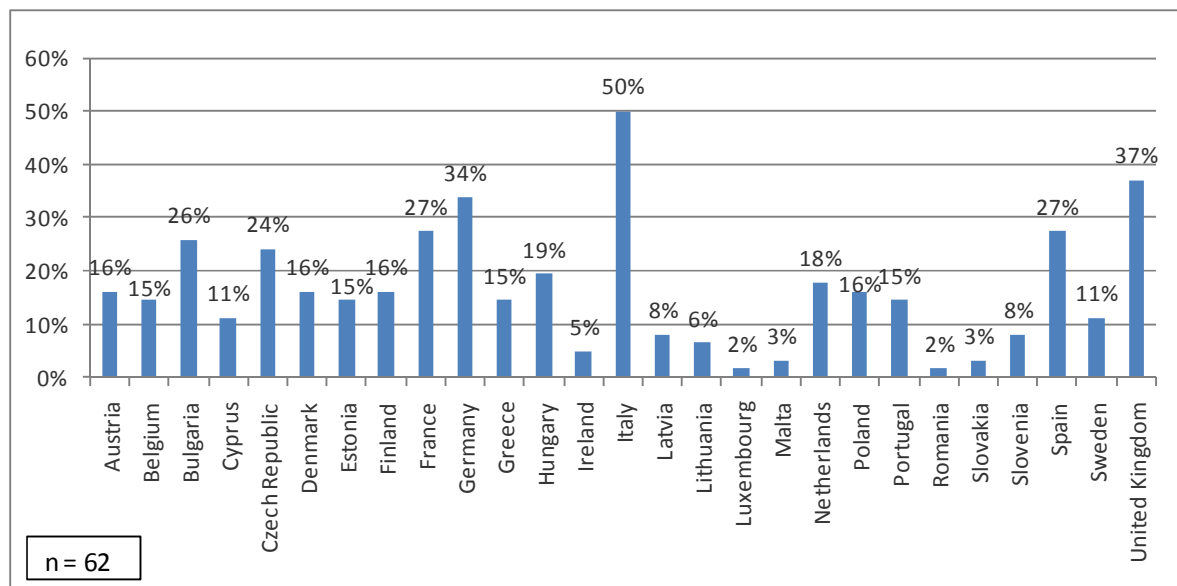
- ➢ **Type of organisation:** An equal share of the organisations represented classified themselves as either public sector organisations or NGOs (both 28%). Research institutions were also well represented (20%), as were higher education institutions (18%). Only 6% of the respondents stated to be representing private companies (see graph 5 below).

Graph 5 – Represented organisations by organisation type

30%
25%
20%
15%
10%
5%
0%

18%   20%   28%   28%   6%

n = 61   Higher education institutions   Research institutions   NGOs   Public sector organisations   Private companies
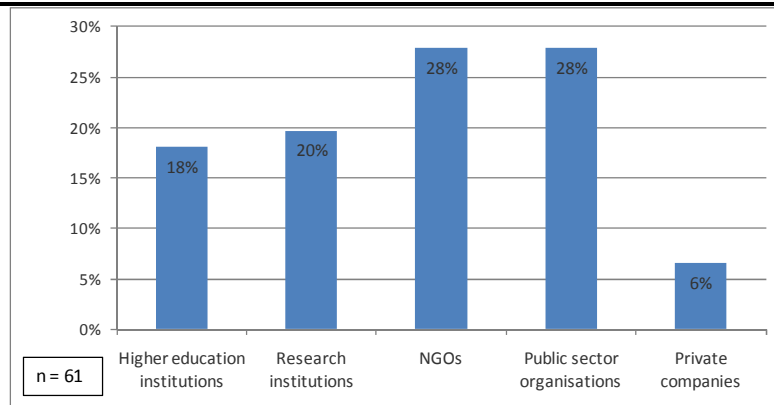
➢ **Type of partner or associates:** The type of partner / associate organisations most cited were public sector organisations (73%) followed by research institutions (61%), NGOs (57%) and higher education institutions (51%). 26% of the organisations represented stated to be private companies (see graph 4 below). Please note that respondents were able to select more than one answer to this question.

➢ Apart from 18 organisations who did not respond to the questions regarding the type of their / their partners' organisations, nearly all other action leaders stated to be working as a consortium with at least one other organisation. Only one organisation stated that their action was a single beneficiary agreement that does not include additional partners.

➢ The majority of action leaders represented organisations working in consortia with at least two different types of organisations, followed by 17 respondents who stated that their consortia consisted of four or all five of the listed organisation types. In 14 cases the action leaders stated that their organisation worked with only one other organisation type (either NGOs or public sector organisations). A typical consortium described by the action leaders consists of higher education institutions, research institutions, NGOs and public sector organisations (stated by nine respondents).

Graph 6 – Partner / associate organisations by organisation type

80%
70%
60%
50%
40%
30%
20%
10%
0%

51%   61%   57%   73%   27%

n = 67   Higher education institutions   Research institutions   NGOs   Public sector organisations   Private companies

7
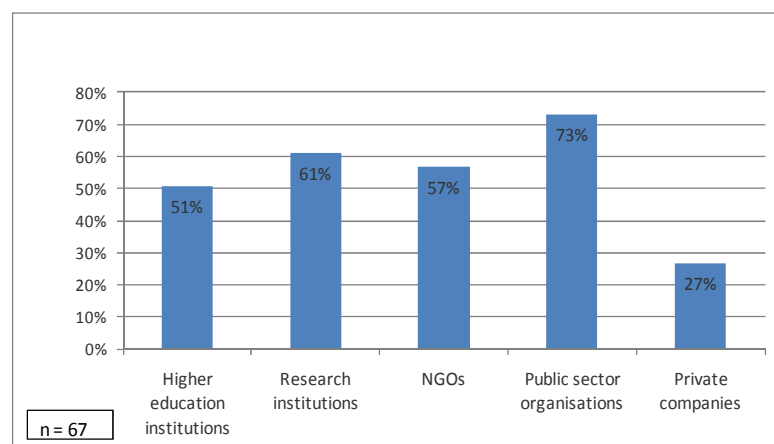
- ➤ **How did respondents first hear about the HP:** 45% of respondents stated that they first learned about the EU Health Programme 2008-2013 and its funding opportunities through a project under a previous EU Health Programme. A further 19% of respondents stated that they had learned about the programme through the EC's website, followed by 17% who were made aware of the programme through word of mouth. The remaining respondents were contacted either directly by the EC (5%), heard about the programme through a health related event (4%) or found information about the programme on the internet (1%).

3. Summary of findings

The following section presents the online survey main findings and results, accompanied by a comparative breakdown (when relevant) by country and/or funding mechanism.

3.1 **Production of evidence, data or methodologies that add considerable value or service to Citizens / Public health Community & Type of evidence, data or methodologies produced by activities**

- **Majority of action leaders state that their actions add value to both the Public Health Community and Citizens**
- **Overall HP Actions are considered to add more value to the public health community than to citizens**
- **The outputs of Actions mentioned most frequently included knowledge & evidence, tools & methodologies, data or revolved around communication, awareness raising and networking**
- **Training, educational material, best practice and capacity building were also mentioned**

As shown in graph 7 below, a substantial proportion of the 74 action leaders (71%) responding to this question stated that their Health Programme activity has produced evidence, data or methodologies that add considerable value to the <u>public health community</u> to a great extent. A further 21% felt that this was the case to some extent. Only 1% of respondents stated that the outputs of their activities did not add considerable value to the public health community at all.

Similarly, 84% of respondents felt that the outputs their activities produced added considerable value to <u>citizens</u> to a great or at least to some extent. Again, only 1% of respondents stated that the outputs of their activities did not add considerable value to citizens at all.

The respondents who felt that their HP activity was adding value or service to either citizens or the public health community stated that it did so in a number of ways: 21 survey respondents elaborated that their activity generated **knowledge and evidence** that would be beneficial on a number of different levels, including providing a basis for informed policy making and further research. A further 19 respondents claimed that their activity produced actual **tools and/or methodologies** that would help to achieve advantages for both the public health community (e.g. in the form of streamlining processes) as well as for citizens directly (e.g. with regard to improving diagnostic tests, improving patient care etc). Of the

9

respondents, 18 action leaders stated to have added value to in the form of activities around **communication, awareness raising and networking.** In terms of generating **data**, another 18 respondents stated that their activity generated basic data (as opposed to advanced knowledge and evidence) necessary for achieving advantages in health, and therefore supported but the public health community as well as citizens as the final beneficiary of advances made on the basis of valuable data.

Training was mentioned by 11 action leaders, and a further ten respondents specifically stated that their production of **educational material and guidance** has positively impacted on both the public health community (e.g. by providing guidelines in the field of patient care, diagnostics, social inclusion of vulnerable groups etc) and, in a more indirect way, on citizens who benefit e.g. through better educated health care professionals. Ten survey respondents stated that their action has produced **best practice**, helping to achieve and maintain high standards in all areas related to health such as research, access, care, treatment etc. Finally, four action leaders underlined **capacity building** as the defining element of their action, geared towards building the capacity of the public health community at different levels (e.g. by increasing the capacity of health care systems in new Member States to deal with diseases such as Autism Spectrum Disorders through an exchange of knowledge with health care institutions in old Member States) to generate a sustainable positive impact on citizens' lives. Please refer the table below for an overview:

Outputs of actions	
Knowledge and evidence	21
Tools and/or methodologies	19
Communication, awareness raising and networking	18
Data	18
Training	11
Educational material and guidance	10
Best practice	10
Capacity building	4

Graph 7 - To what extent has your Health Programme activity produced evidence, data or methodologies that add considerable value or service to Citizens / Public health community:
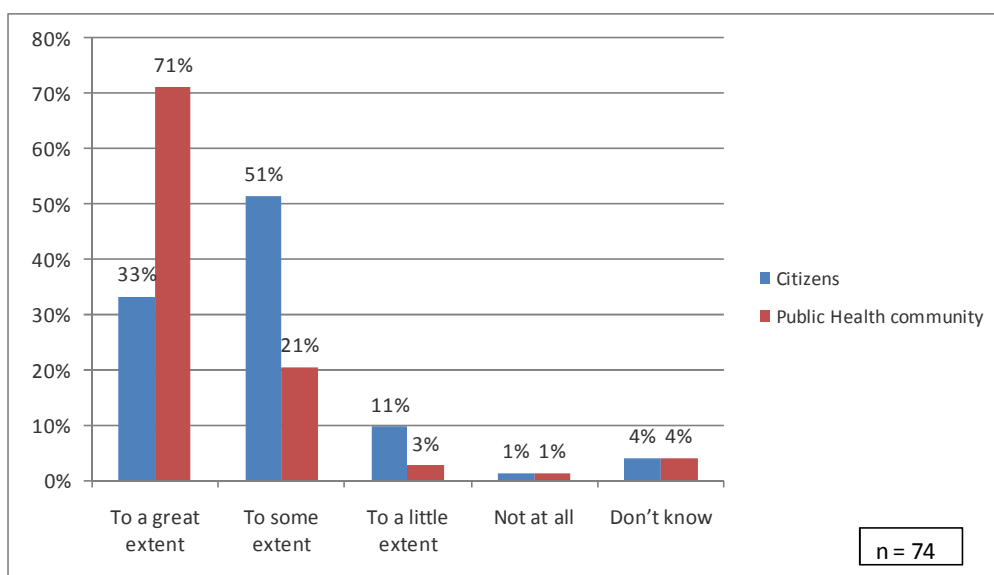
3.2 Ways in which evidence, data or methodologies produced by activities serve objectives of the Health Programme

- **According to action leaders responding to the survey, more actions seek to address HP objectives B** (*To promote health, including the reduction of health inequalities)* **and C** (*to generate and disseminate health information and knowledge*)**, with a lesser amount addressing objective A** (*to improve citizens' health security).*
- **Actions addressing objective A often revolve around generating information for policy making purposes**
- **Several actions addressing objective B have a "practical component"**
- **Actions addressing objective C often included elements of both generating and disseminating information to a very broad range of stakeholder groups in specific areas of health**

Of the 71 action leaders who responded to this question, 35% explicitly stated that the evidence, data or methodologies produced by their activities serve objective A (*to improve citizens' health security)* of the Health programme. A further 48% claimed to serve objective B (*To promote health, including the reduction of health inequalities*) through their action, while 44% action leaders stated that the outputs of their action served objective C (*to generate and disseminate health information and knowledge*)[4]. Please note that respondents were able to describe the contribution of their action to more than one objective.

Those actions claiming to serve **objective A** further stated that their action contributed to the improvement of citizens' health security in several ways:

- A substantial number of action leaders described activities around generating information aimed at both informing policy making (e.g. through providing scientific information on the toxicity of nanomaterials) as well as educating health professionals and therefore positively impacting directly on citizens' health security through better treatment. In both cases, the generation and provision of information can be seen as the basis necessary for improving the health of citizens as the final outcome.

- In relation to the generation of new information, a number of respondents further specified that the assessment of the current situation in a particular area of health (e.g. the psychosocial aspects of organ donation) through surveys, literature reviews etc. as a central element of their action.

- In a few cases, this assessment was then, in a further step, used to identify approaches to *improve* the situation at present.

- In a number of instances, action leaders described a strong international dimension of their activity, mainly in the area of harmonising data collection systems to improve comparability of data and collaboration between Member States.

- Several actions were also developed to target citizens directly, either through raising their awareness in specific areas of health (e.g. HIV/Aids prevention) or through a promotion of the involvement of patients' organisation in decision making processes.

The respondents stating to serve **objective B** through their Health Programme action described the following ways in which their activity made a contribution to the promotion of health, including the reduction of health inequalities:

- A large number of actions were built around advocacy and awareness raising, targeting numerous stakeholders and aimed specifically at addressing health inequalities in different areas of health.

- A second, fairly large group of projects claim to focus on making recommendations regarding the reduction of health inequalities based on an assessment of the current state of affairs.

- Another group of activities either aimed to set up screening programmes specifically developed to include vulnerable groups, or to inform the improvement of existing public health programmes in order to increase their accessibility for vulnerable groups (e.g. vaccination programmes in under-vaccinated areas).

- A few projects directly focused specific target groups such as vulnerable, hard to reach groups, e.g. through awareness raising events and educational activities.

- A small number of projects were geared towards streamlining data collection methods and promoting the use of common databases across the EU, either to promote health in general or to specifically generate comparable data regarding vulnerable and hard to reach groups.

- In general it can be said that actions geared towards serving objective B of the health programme seem to be more praxis – oriented: although a substantial proportion included activities around generating / providing information to inform policy making, many actions were based on practical components such as screening programmes, educational events and stakeholder involvement.

Respondents claiming to address **objective C** described that they did so in the following ways:

- Many of the leaders of actions claiming to serve objective C stated that their action helped to generate and disseminate health information and knowledge through facilitating exchange between relevant stakeholder groups at events and through networks.

- A few actions claimed to have a practical focus, e.g. the design of a specific communication campaign or the development of methods on how to monitor developments in specific areas of health (e.g. marketing of alcohol).

- Dissemination of information to health care professionals through training activities was also mentioned.

- Overall, the vast majority of action leaders stating to contribute to objective C did so through actions with strong elements of both generating and disseminating information to a very broad range of stakeholder groups in specific thematic areas (e.g. alcohol consumption) rather than practical actions targeting individual groups only as it was the case for objective B).

3.3 **Further impacts of Health Programme activities**

- **Activities have substantially contributed to strengthening professional networks and to best practice**
- **Career opportunities have not resulted from actions to a large extent**

As can be seen in table 1 / graph 8 below, over two thirds of action leaders who responded to this question felt that their activity has become operational / utilised in a Member State to a great or at least to some extent. Only 3% felt that this was not at all the case. A large proportion of respondents, 85%, felt that their activity has strengthened their professional network to at least some extent. This suggests that the HP has a positive impact on finding

new network partners and manifesting the relationship with them.

59% felt that their activity has contributed to the sharing of experience and/or best practices between stakeholders within public health to a great extent. On the other hand, 38% stated that their activity had provided career opportunities for those involved in the activity only to a little extent or not at all. This suggests that in terms of sustainability, the programmes' activities had a substantial positive impact on improving the knowledge base and building best practice in health, but might not contribute heavily to building up institutional memory or the close collaboration between institutions in the field of health in the future. Please refer to the table below for further responses regarding the impacts of Health Programme activities.

Table 1 - Further impacts - To what extent has your Health Programme activity...

Answer Options	To a great extent	To some extent	To a little extent	Not at all	Don't know
strengthened your professional network?	**71%**	14%	3%	0%	12%
contributed to the sharing of experience and/or best practices between stakeholders within public health?	**60%**	26%	1%	0%	13%
become operational/utilised in a Member State(s)?	25%	**46%**	7%	3%	19%
resulted in changes in the current public health knowledge/practice?	25%	**41%**	20%	1%	13%
provided career opportunities for those working on the activity?	15%	22%	**34%**	4%	25%

n = 69

Graph 8 - Further impacts - To what extent has your Health Programme activity...

	To a great extent	To some extent	To a little extent	Not at all	Don't know
strengthened your professional network?	71%	14%	12%		
contributed to the sharing of experience and/or best practices between stakeholders within public health?	60%	26%			13%
become operational/utilised in a Member State(s)?	25%	46%	7%		19%
resulted in changes in the current public health knowledge/practice?	25%	41%	20%		13%
provided career opportunities for those working on the activity?	15%	22%	34%	4%	25%

n = 69

3.4 **Development of similar activities**

- **Development of similar activities very high at national level and high at European level**
- **Just under half of respondents still feel that similar initiatives have been developed at international level**

The development of similar actions as a result of actions funded under the Health Programme was thought to be taking place at all levels, with a higher proportion of actions being developed at the national and European levels than internationally. As shown in graph 9 below, over two thirds (68%) of respondents stated that their activity has been used to develop similar activities at the European level to a great or at least to some extent. Examples provided by the action leaders included the following:

"The organisation of National High Level Roundtables are organised or planned to be organised in several Member States allowing main stakeholders from the MS community and national authorities to review together national policies and weaknesses and prepare together the way forward for improvement for Persons with Multiple Sclerosis."

"The development of core competencies is now being taken up in a number of European countries both at practice level and within academic sectors. For example, the CompHP core competencies have been used to inform the structuring of postgraduate course learning objectives in Norway and Ireland."

15

An even greater share (75%) felt that this was the case at the national level, as shown in the corresponding graph below. Examples provided for the extent to which similar activities have been developed at the national level included:

"At the national level, the prevention policy in Brandenburg and Mecklenburg Vorpommern is based on survey results from our activity".

"At national level we have several organisations which are interested in using our content for local initiatives."

When looking at the international level, 23% of action leaders stated that their action had not or only to a small extent resulted in the development of similar activities. Nevertheless 48% still felt that similar activities have been developed at the international level as a result of their actions. It can therefore be said that overall the HP has so far had a very positive impact on the international level as well, as illustrated by these examples:

"International Council of AIDS Service Organizations, of which AIDS Action Europe is the regional network, is utilising lessons learned with our policy development and communication strategy to feed into the international strategy."

"Some of the tools that were developed were used by WHO headquarters in the African Region.

"The CompHP core competencies have also been used in Public Health programmes in Canada, Latin America and Australia and in practice developments by professional organisations in New Zealand and Australia, and had considerable interest from the US."

Graph 9 - To what extent has your Health Programme activity been used to develop similar activities at:

National level? — To a great extent 32%, To some extent 43%, To a little extent 5%, Not at all 3%, Don't know 17%

European level? — To a great extent 32%, To some extent 36%, To a little extent 7%, Not at all 3%, Don't know 22%

International level? — To a great extent 14%, To some extent 34%, To a little extent 18%, Not at all 5%, Don't know 29%

n = 67
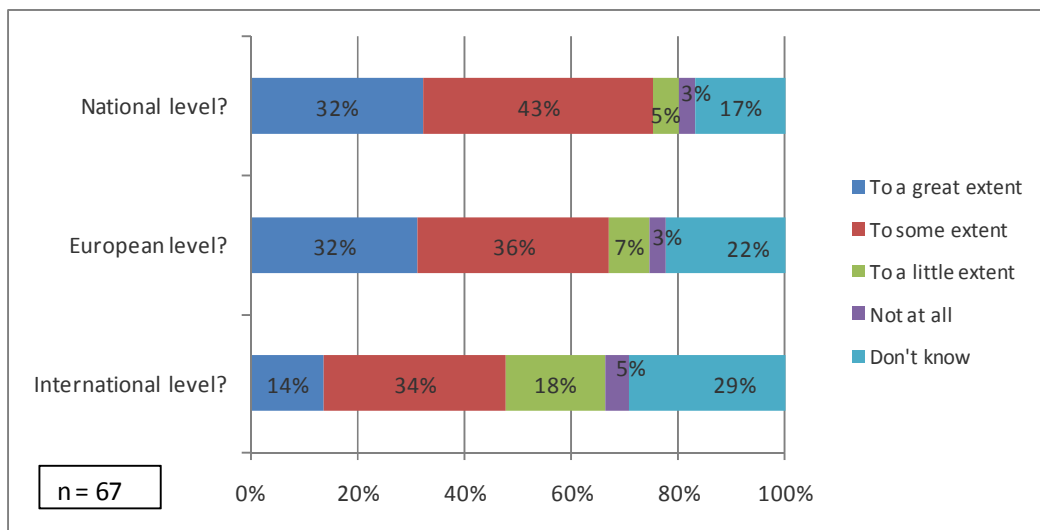
3.5 Contribution to policy making

- **Action leaders generally feel that their actions make a positive contribution to policy making**
- **Contribution generally perceived to be slightly higher at national than at EU level**

As shown in table 2 below, a substantial proportion (59%) of the 68 action leaders who answered this question felt that their Health Programme activity has contributed to the public health policy debate at the national level to a great or to some extent, and just over half of the respondents stated that their action contributed to the public health policy debate at EU level to a great or to some extent, as illustrated by the following examples provided by action leaders:

Through the organisation of its meetings, conferences, workshops, roundtables at both European and national level, EMSP brings together public health stakeholders to discuss relevant topics and disseminate the information among its members. It allows patients organisations and policy decision makers to work together in other to bridge the gaps between policies and patients.

"Our work with stakeholders on the EU level has enabled us to form strong alliances and put the issue of young people's sexual health on the agendas of other organizations that work with young people. As a result young people have joined forces to raise the issue in health conferences and fora, including those organized by SANCO. On the national level, a group of IPPF young people and experts participated in a conference on young

people's health in Edinburgh in late 2009, and our Irish associate partner is making
strong inroads in placing the issue of young people's sexual health in the policy debate."

Similarly, 58% stated that their activity has helped defining and implementing public health policy at the national level to at least some extent, and 48% felt that this was the case at EU level. Examples provided in this respect include:

"On both national and EU level it increased the effect of the European recommendation on rare diseases. Before the 4EEC RDOD, there was only 1 national plan for rare diseases in Eastern Europe, now there are 2 with some 3 others in stage of finalizing before starting. The 4EEC RDOD has accelerated many aspects of the Bulgarian national rare diseases policy. One example is the enlarging of the neonatal screening programme, its scope and financing."

"At the national level, our action has resulted in the implementation of eHealth tools. At EU level, an eHealth governance initiative has been implemented."

The statements demonstrate that the Health Programme is seen to contribute positively to policy making at both the national and European level, while table 2 below suggests a slightly stronger impact at the national level. This is in line with the responses presented in section 1.2.4, where the development of similar activities as a result of activities funded under the Health Programme was thought to be taking place more often at the national level than at the European (and international) level.

Table 2 - Policy context - To what extent has your Health Programme activity (or the results of your activity) contributed to:

Answer options	To a great extent	To some extent	To a little extent	Not at all	Don't know
Public health policy debate at the national level?	16%	**43%**	13%	4%	24%
Public health policy debate at the EU level?	18%	**34%**	19%	7%	22%
Defining and implementing public health policy at the national level?	20%	**38%**	12%	6%	24%
Defining and implementing public health policy at the EU	15%	**33%**	20%	8%	24%

level?					

n1 = 67; n2 = 68; n3 = 66; n4 = 66

When looking at the responses to this set of questions by country, all new MS (as well as Croatia) stated that their activity contributed to public health policy debate at the national level to a great/some extent. Of the substantially higher number of respondents from old MS, only under 20% stated that their activity contributed to public health policy debate at the national level to a small extent or not at all, with 80% responding positively to this question[5]. A similar picture emerges for the remaining three questions, with ca. 20% of respondents representing organisations located in old MS citing little or no contribution of their activity (to public health policy debate at the EU level, and to defining and implementing public health policy at the national level / EU level).

- ***The reported levels of contribution to policy debate / policy definition & implementation differs substantially across the six financing mechanisms***
- ***Leaders of Joint Actions perceived the contribution of their activities to be particularly high in comparison to other financing mechanisms***

With regard to the responses of action leaders representing actions financed under the various financing mechanisms, the following results emerge: all of the respondents (n = 9) representing actions financed under Conferences stated that their activity has contributed to the public health policy debate at the national level to a great or at least some extent. Many of both OGs and JA (n = 5) also felt that this was the case, while only just over half (n = 38) of Project – leaders stated that their activity contributed to a great or at least some extent in this area.

Less than half (n = 39) of Project - leaders felt that their activity contributed to the public health policy debate at the EU level to a great or some extent, with just over a quarter stating that their activity made little or no contribution at all in this respect. Of the OG - leaders, several respondents (n = 5) felt that their activity made little or no contribution at all.

When asked to what extent action leaders thought that their activity has contributed to defining and implementing public health policy at the national level, all (n = 5) of the JA – leaders stated that their activity has contributed to a great or some extent in this field. Again, only just over half (n = 38) Project – leaders thought that this was the case, although only a

small number of Project – leaders explicitly stated that their activity made little or no contribution (the remaining respondents did either not answer this question or stated *don't know*).

Less than half of the Project – and Conference – Leaders (n = 37 and n = 9 respectively) felt that their activity has contributed to defining and implementing public health policy at the EU level to a great or at least some extent, all JA – leaders and most of the OG – leaders (n = 5) felt that this was the case. Similarly, just over a quarter of Project – leaders and almost half of the Conference – Leaders stated that their activity made little or no contribution at all in this respect (please refer to table 3 below).

Table 3 - Policy context - To what extent has your Health Programme activity (or the results of your activity) contributed to... (By financing mechanism)

| | To a great / some extent | | | | | | To a little extent / not at all | | | | | |
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
Public health policy debate at the national level? (n = 63)	53%	**100%**	80%	67%	80%	0%	18%	0%	**20%**	0%	**20%**	0%
Public health policy debate at the EU level? (n = 64)	49%	67%	60%	67%	**80%**	0%	26%	22%	**40%**	0%	20%	0%
Defining and implementing public health policy at the national level? (n = 62)	55%	63%	80%	67%	**100%**	0%	16%	**25%**	20%	0%	0%	0%
Defining and implementing public health policy at the EU level? (n = 62)	43%	44%	80%	67%	**100%**	0%	27%	**44%**	20%	0%	0%	0%

3.6 **EC financial contribution**

- **Sustained funding is seen as desirable by majority of action leaders**
- **Health programme funding is seen to facilitate delivery of high quality outputs, but not their uptake across Member States**

Of the 73 action leaders who responded to this question, 88% either agreed or strongly agreed that sustained funding over longer periods of time would result in a more effective implementation of their action. Only 33% felt that the EC's financial contribution is sufficient and adequate to ensure the uptake of outputs across MS and other participating countries, while around 40% of respondents didn't think that this was the case (and either disagreed or strongly disagreed with this statement). The action leaders' responses to the question of whether or not they felt that the EC's financial contribution is sufficient and adequate to deliver high quality outputs is positive in that over half (53%) of action leaders agreed or strongly agreed that this was the case. Please see graph 10 below.

Overall, it can therefore be said that although most action leaders felt that the programme's financial contribution is sufficient and adequate to deliver high quality outputs, many respondents considered the extent to which these outputs were taken up to be one of the weaker aspects of the programme. In line with this they also felt that a more sustainable approach to funding (i.e. in the form of long-term funding) would support effective action implementation, and, resulting from this, take up of results.

Graph 10 - To what extent do you agree with the following statements on the European Commission's financial contribution to your activity?
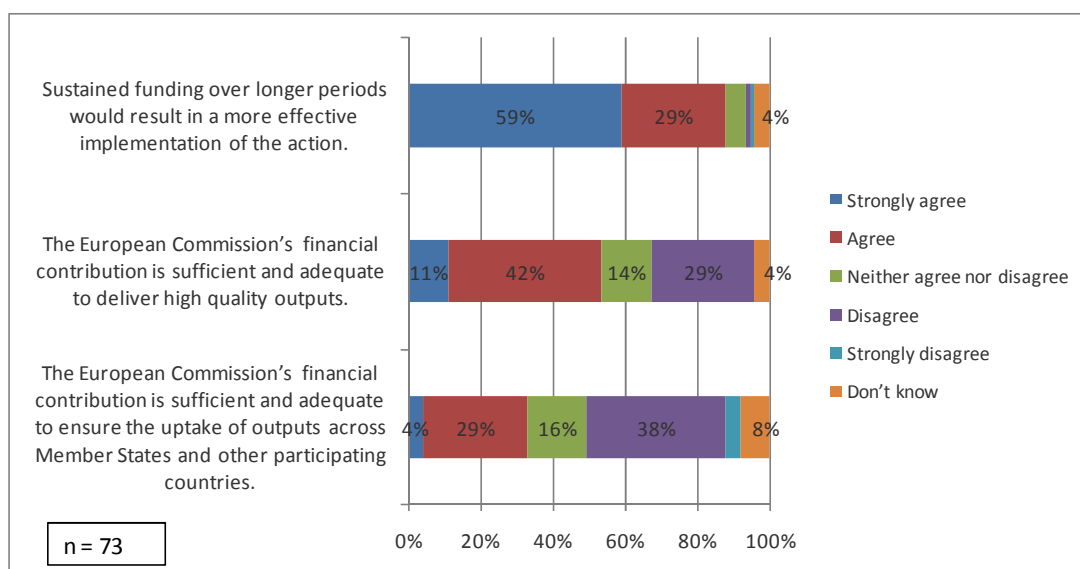
- **A particularly high proportion of action leaders representing actions based in Eastern Europe agreed that the EC's financial contribution is sufficient and adequate to deliver high quality outputs**
- **A high proportion of Joint Actions did not agree that the EC's financial contribution is sufficient and adequate to deliver high quality outputs**

- **OG, DA and JA – leaders mostly disagreed that the EC's financial contribution is sufficient and adequate to ensure the uptake of outputs across Member States and other participating countries**

When looking at the responses to this set of questions by region, it can be said that organisations represented in all regions of Europe (i.e. Northern, Southern, Eastern, and Western Europe) agreed that the European Commission's s financial contribution is sufficient and adequate to deliver high quality outputs. Further to this, a review of the responses to this question by financing mechanisms shows the following: only a small number of JA – leaders (n = 5) and a third of Conference – leaders (n = 9) strongly agreed or agreed that the European Commission's financial contribution is sufficient and adequate to deliver high quality outputs. A large proportion of JA – leaders and a third of Project – leaders (n = 44) disagreed with this statement. Please refer to graphs 11 & 12 below.

Graphs 11 & 12 - To what extent do you agree with the following statements on the European Commission's financial contribution to your activity? - *The European Commission's s financial contribution is sufficient and adequate to deliver high quality outputs.* **(By region & by financing mechanism)**
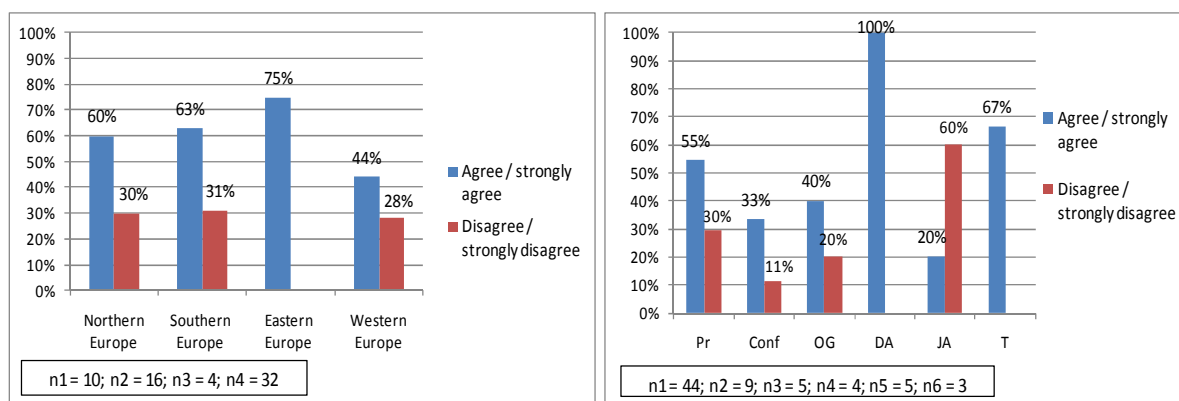
A different picture emerges when looking at the extent to which respondents from the different regions felt that the European Commission's financial contribution is sufficient and adequate to ensure the uptake of outputs across Member States and other participating countries: the majority of respondents representing organisations located in Northern and Western Europe, well as 44% of the Southern European representatives, disagreed with this statement (see graph 13 below). When reviewing this question by financing mechanisms, it can be determined that none of the JA – leaders (n = 5) and only few of OG – leaders (n = 5) agreed or strongly agreed with the statement (graph 14). The proportion of action leaders agreeing with this statement was also low across the other financial instruments (as shown in table 4 below). Similarly, all JA – leaders and most of OG – leaders (n = 5) explicitly disagreed or strongly disagreed with the statement (rather than responding with "neither

agree or disagree" or "don't know") while this was only the case for a small number of the Conference – leaders (n = 9).

**Graphs 13 & 14 - To what extent do you agree with the following statements on the European Commission's financial contribution to your activity? -** *The European Commission's financial contribution is sufficient and adequate to ensure the uptake of outputs across Member States and other participating countries.* **(By region & by financing mechanism)**

The vast majority of respondents in all four regions agreed that sustained funding over longer periods would result in a more effective implementation of their action (see graph 15 below). As shown in graph 16, the majority of respondents across all six financing mechanisms either agreed or strongly agreed that sustained funding over longer periods would result in a more effective implementation of the action and only very few respondents disagreed with this statement.

Please also refer to table 4 below for a detailed breakdown by financial mechanism.

Graph 15 & 16 - To what extent do you agree with the following statements on the European Commission's financial contribution to your activity? - *Sustained funding over longer periods would result in a more effective implementation of the action.* **(By region & by financing mechanism)**

Chart 1 (left): Agree / strongly agree; Disagree / strongly disagree

- Northern Europe: 100%
- Southern Europe: 88%
- Eastern Europe: 75%, 25%
- Western Europe: 81%, 3%

n1 = 10; n2 = 16; n3 = 4; n4 = 32

Chart 2 (right): Agree / strongly agree; Disagree / strongly disagree

- Pr: 86%, 2%
- Conf: 78%, 11%
- OG: 100%
- DA: 75%
- JA: 100%
- T: 67%

n1 = 44; n2 = 9; n3 = 5; n4 = 4; n5 = 5; n6 = 3

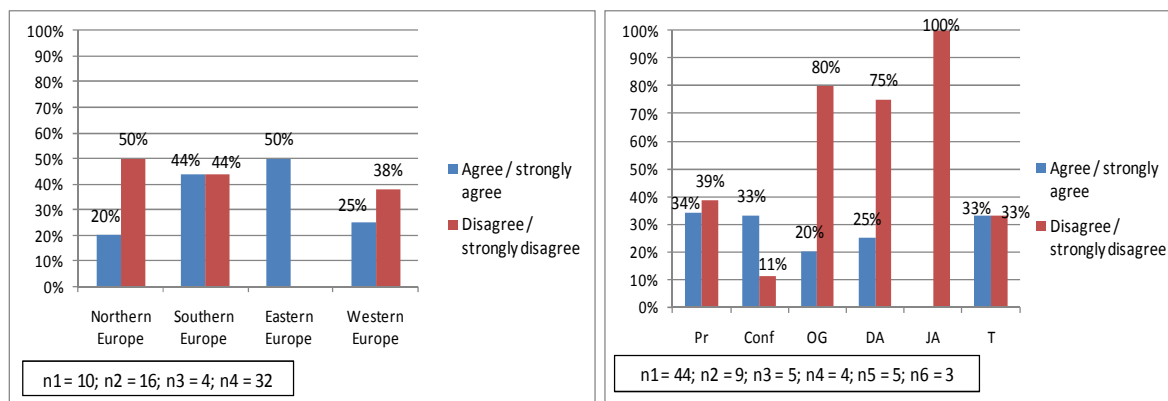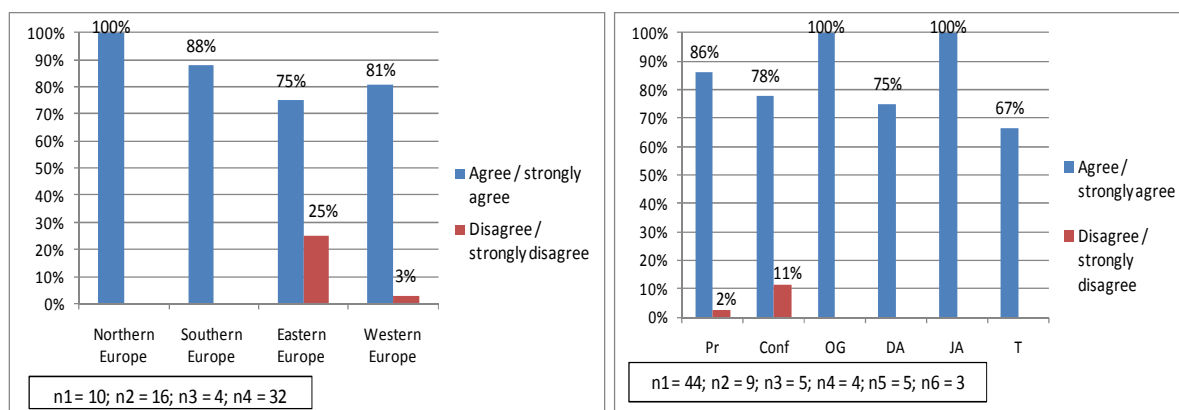**Table 4 - To what extent do you agree with the following statements on the European Commission's financial contribution to your activity? (By financing mechanism)**

Statement	Strongly agree / agree						Disagree / strongly disagree					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
The European Commission's financial contribution is sufficient and adequate to deliver high quality outputs. (n = 70)	55%	33%	40%	**100%**	20%	67%	30%	11%	20%	0%	**60%**	0%
The European Commission's financial contribution is sufficient and adequate to ensure the uptake of outputs across Member States and other participating countries. (n = 70)	**34%**	33%	20%	25%	0%	33%	39%	11%	80%	75%	**100%**	33%
Sustained funding over longer periods would result in a more effective implementation of the action. (n = 70)	86%	78%	**100%**	75%	**100%**	67%	2%	**11%**	0%	0%	0%	0%

3.7 **EU Health Programme funding effects**

- **Majority of action leaders feel that funding has added a European / international dimension to their action**
- **Funding through the Health programme has substantially supported networking**

The responses regarding the effects of the EU Health Programme funding were positive: 67% of the 73 action leaders responding to this question stated that the funding has helped their organisation to find partners for the action to some or to a great extent. 81% of respondents stated that the funding has helped their organisation to publicise / disseminate the results of their actions to some or a great extent, and 60% of action leaders stated that the EU funding of the Health Programme has helped raise the profile of their action to a great extent.

Of the 73 respondents to this question, more than three quarters felt that the profile of their organisation was raised through the funding to at least some extent (with 38% stating that their organisation's profile was raised to a great extent). More than two thirds of action leaders responding to this question stated that the funding has given their action a European dimension to a great extent, and 42% even felt that their action gained an international dimension to a great extent. Finally, over half of the 73 respondents stated that the funding of the EU Health Programme facilitated the creation of networks of health-related stakeholders to a great extent. Please refer to table 5 below for an overview of the responses.

Looking at the responses by country, it can be observed that all apart from one of the 17 respondents who indicated that having EU funding has helped their organisation to find partners for the action to a great extent (and stated their organisation's country of location) were from old MS.

From the 24 respondents who stated that the EU funding has helped their organisation in the publication and dissemination of action results, over half were from Western European countries.

Nine organisations felt that the funding has raised the profile of their organisation marginally or not at all. Respondents from these organisations came from all European regions apart from Eastern Europe.

Almost a quarter of the 45 organisations who stated that the EU funding has given their action a European dimension to a great extent were from the Netherlands.

Table 5 - To what extent has the funding from the EU Health Programme enhanced the impact of your activity? Having EU funding has…

Answer Options: Having EU funding	To a	To some	To a	Not at all	Don't

has…	great extent	extent	little extent		know
helped my organisation to find partners for the action.	26%	**41%**	16%	12%	5%
helped my organisation in the publication and dissemination of action results.	39%	**42%**	8%	4%	7%
raised the profile of the action.	**60%**	33%	4%	0%	3%
raised the profile of my organisation.	38%	**40%**	16%	1%	5%
given the action a European dimension.	**69%**	21%	4%	1%	5%
given the action an international dimension.	42%	38%	10%	3%	7%
facilitated the creation of networks of health-related stakeholders.	**54%**	33%	7%	1%	5%

n = 73

When looking at the responses to answer option 7 ("Having EU funding has facilitated the creation of networks of health-related stakeholders") by financing mechanism, it becomes apparent that less than half of the respondents across all financial mechanisms apart from Tenders feel that the funding through the EU Health Programme has substantially facilitated the creation of networks of health-related stakeholders. However, only a small number of respondents across all mechanisms have explicitly stated that this has not been the case at all or only to a little extent. Please refer to graph 17 below.

Graph 17 – "Having EU funding has facilitated the creation of networks of health-related stakeholders" (By financing mechanism)

70%

67%

60%

50%

40%   40%   40%   40%

33%

30%   25%   22%

20%   11%

10%

2%

0%

Pr   Conf   OG   DA   JA   T

■ To a great extent / some extent

■ To a little extent / not at all

n1 = 43; n2 = 9; n3 = 5; n4 = 4; n5 = 5; n6 = 3
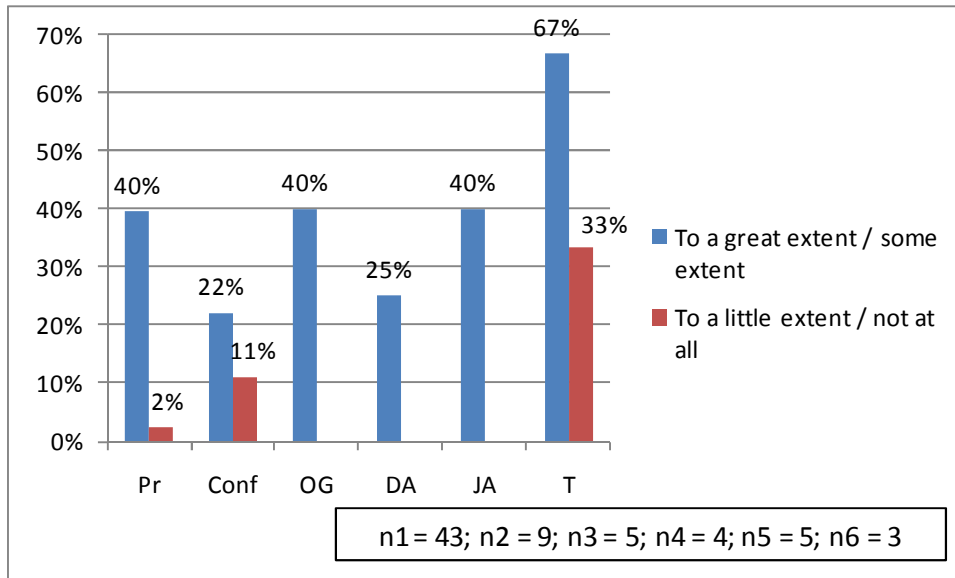
3.8 What would have happened in the absence of the EU Health Programme

- **Vast majority of respondents would have not undertaken their action at all or to the same degree in the absence of the Health Programme**

A particularly important question in the survey examined the counterfactual by asking action leaders what would have happened if their action had not received HP funding.

Over half (56%) of respondents stated that they would have not undertaken their action in the absence of the Health Programme. A further 27% were of the opinion that they would have undertaken the action anyway, but with a less ambitious scope. Only very few action leaders (1%) responding to the survey held the view that they would have undertaken their action in exactly the same if in the absence of the programme. This shows that the Health Programme has mainly funded actions that would have otherwise not have taken place, or at least not to the same extent, and suggests that there is currently no other funding mechanism in support of this diverse range of health-related activities available. Please refer to Graph 18 below.

Graph 18 - What would have happened to your activity in the absence of EU Health Programme funding?
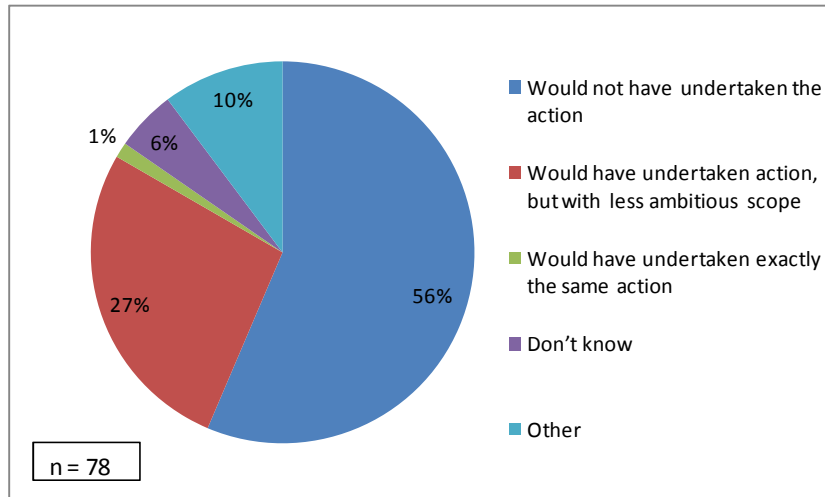
Answers in the "other" – category included the following statement regarding the question on what would have happened in the absence of the programme:

"We can do everything alone, but the European philosophy is to do things together in order to create acceptance and insight in the cultural diversity and richness that Europe holds within many areas. The EU public health programme supports this process and assist the transfer of good practice among member states."

Looking at the responses by financing mechanism as shown in graph 19 below, high numbers of Project-, Tender- and Conference-leaders agree that they would have not undertaken their action in the absence of the programme, while Operating Grants as well as Direct agreements mostly stated that they would have undertaken the action anyway, but with a different scope. Since Operating Grants support the work of already existing organisations, this result is to be expected. Similarly, Direct Agreements are often between the EC and international organisations such as the WHO or OECD, who would have also cooperated in one form or another anyway. The Health programme can therefore be seen to be particularly supportive to Projects, Tenders and Conferences.

Graph 19 - What would have happened to your activity in the absence of EU Health Programme funding? (By financing mechanism)

n1 = 40; n2 = 8; n3 = 4; n4 = 4; n5 = 4; n6 = 3
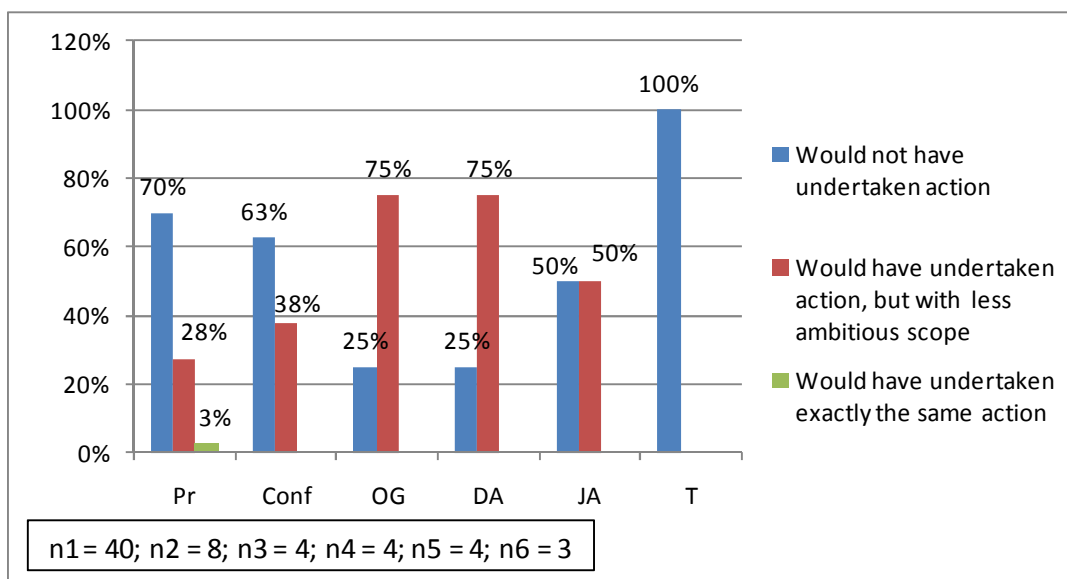
3.9 Contribution of activities to EU-wide effects

- **Overall consensus that activities complement other activities at MS or EU level**
- **Action leaders generally don't feel that their action overlaps with other activities at MS or EU levels**

As demonstrated in graph 20 below, a very large proportion (85%) of action leaders believe that their activity complements other activities at MS or EU level. Substantially less respondents (42%) think that their activity replicates what MS would have done anyway, reflecting the conviction of action leaders that they would either not have undertaken their activity or not to the same extent in the absence of the programme (as shown in section 1.2.8). Similarly, most respondents (66%) also didn't think that their action overlapped with other activities at EU or MS level. Again, these figures suggest that the Health Programme represents a provision not offered by other funding institutions.

Graph 20 - To what extent do you agree with the following statements on the contribution of your activity to EU-wide effects?

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

10%
3%
54%
31%

8%
35%
13%
17%
25%

18%
48%
18%
11%
1%

Don't know
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Our Health Programme activity complements other activities at Member State or EU level.

Our Health Programme activity is additional to what Member States would have done anyway.

Our Health Programme activity overlaps with other activities at Member State or EU level.

n = 72
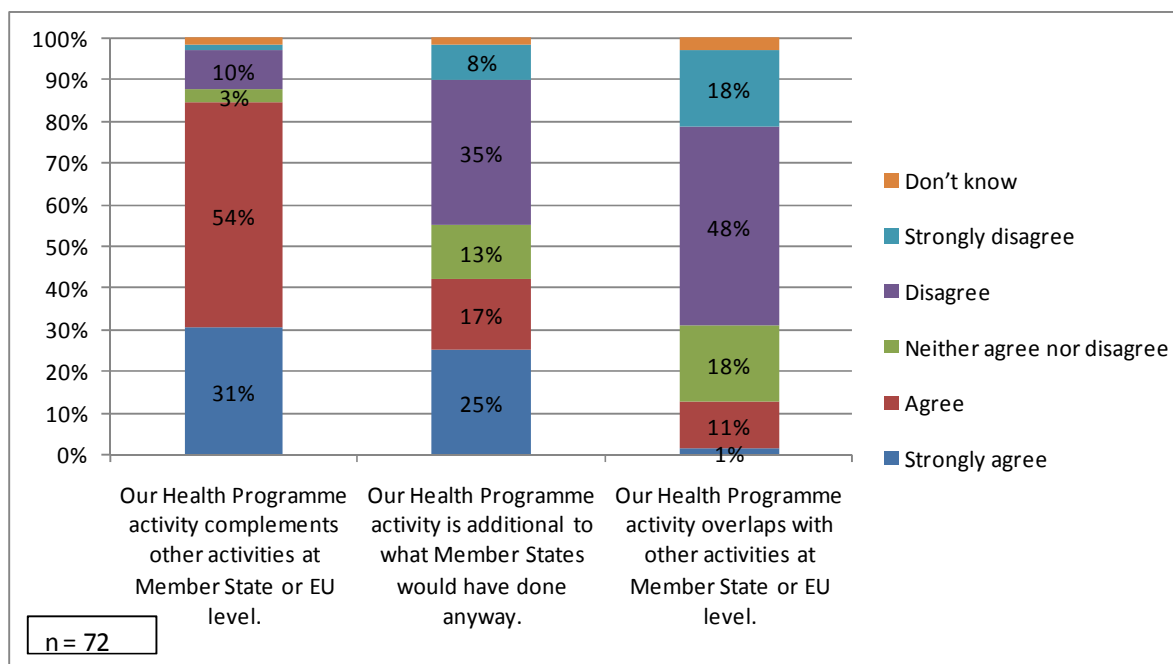
- **None of the organisations located in eastern Europe feel that their Health Programme activity is additional to what Member States would have done anyway**
- **Half of Project-leaders and leaders of Direct Agreements felt that their activity is additional to what MS would have done anyway**

When looking at these questions by country, it emerges that 60% of all respondents representing organisations located in Northern Europe agreed that their Health Programme activity is additional to what Member States would have done anyway, while none of the respondents from Eastern Europe felt that this was the case[6]. This might suggest that the programme represents a more valuable provision in Eastern European countries, while countries in Northern Europe already show a greater sign of organisations active in the field of public health.

The majority of respondents from all regions agreed that their Health Programme activity complements other activities at Member State or EU level (between 80% - 100% across all four regions). The region with the highest number of respondents who felt that this was not the case was Southern Europe (13%).

A substantial proportion (80%) of respondents from Northern Europe didn't think that their Health Programme activity overlaps with other activities at Member State or EU level. The same was true for slightly lower proportions across the other three regions.

Looking at the responses by financing mechanisms it can be seen in table 6 below that half of the Project-leaders (n = 42) and leaders of Direct Agreements (n = 4) felt that their activity is additional to what MS would have done anyway. The proportion of Conference - and Tender – leaders (n = 9; n = 3) agreeing with this is lower. On the other hand, only very low numbers of respondents across all financing mechanisms believe that their activity overlaps with other, similar projects at MS or EU level. In the case of Projects (and Direct Agreements) this could mean that the HP funds at least some activities that would have otherwise been funded through other provisions.

Table 6 - To what extent do you agree with the following statements on the contribution of your activity to EU-wide effects? (By financing mechanism)

	Agree / strongly agree						Disagree / strongly disagree					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
Our Health Programme activity is additional to what Member States would have done anyway. (n = 68)	**50%**	33%	40%	**50%**	40%	33%	33%	56%	40%	25%	60%	**67%**
Our Health Programme activity complements other activities at Member State or EU level. (n = 69)	88%	89%	**100%**	**100%**	80%	67%	9%	0%	0%	0%	0%	**33%**
Our Health Programme activity overlaps with other activities at Member State or EU level. (n = 68)	14%	11%	0%	0%	**20%**	0%	62%	56%	80%	**100%**	60%	**100%**

3.10 Overall design of EU HP & Improvements to design of EU HP

- **Overall design of the Health Programme is perceived to be conducive to the programmes aims and objectives**

- **Facilitation of stronger cooperation with other HP projects as well as initiatives from other programmes suggested as action for EC**
- **Least amount of agreement that "promotion of a high quality, participatory policy debate at EU / national level on law policies & objectives and the programme's focus on relevant priority areas that are addressing the main public health issues in Europe"**

As can be seen in graph 21 below, the majority of respondents felt that the overall design of the Health Programme is conducive to the programmes aims and objectives. The only areas where a very small percentage of action leaders took a more negative stance were the *promotion of a high quality, participatory policy debate at EU / national level on law policies & objectives* and the programme's *focus on relevant priority areas that are addressing the main public health issues in Europe,* where 4% and 1% percent of respondents disagreed respectively.

When asked for suggestions on how the overall design of the programme could be further improved, a large number of responses revolved around the inclusion or stronger consideration of individual thematic areas, such as smoking, alcohol prevention and mental health issues.

Several suggestions regarding sustainability and longer-term funding were also made, and are in line with similar comments made throughout the survey (e.g. see section 1.2.18 on the dissemination and public availability of results):

"It is good to change priority areas over the time however there should also be the possibility to sustain networks and long term activities over the time."

"The EU Health Programme needs to recognize that some projects require different funding arrangements over a longer period for more successful planning and more sustainable results."

Although a large proportion (82%) of action leaders agreed / strongly agreed that the programme is promoting policy transfer and shared best practices between the EC and MS, several suggestions were nevertheless made around the need for improving the dissemination of results of the actions funded, both with regard to external stakeholders and between projects working in related thematic areas:

"Like other programmes, the EU Health Programme is suboptimal as actions are not linked to each other. Actions could also be linked to projects funded under FP 7. For our understanding the added value of the Health Programme is to facilitate a translational process which makes the latest evidence available for Public Health stakeholders, and in particular for policy makers. This implies the exchange of best practices and not so much the generation of new knowledge. We feel the EU Health Programme should make better use of the already existing evidence."

"There is a lack of exchange of information on the activities and the outcomes of the projects funded under the Programme. While for the Health Information Strand under the former Programme there were Working Parties/Task Forces and their secretariats to support the exchange of this kind of information, now there is nothing (besides some very rudimentary project information on the EAHC site). The danger is that double work is done, and possibilities for creating synergies, and hence a greater efficiency/impact, are being missed."

Other areas mentioned in terms of improving the overall programme design included the involvement of stakeholders such as the Member States and beneficiary organisations in the determination of priorities:

"Involvement of the member states in the process of planning the priorities and work plans should be increased."

Graph 21 - To what extent do you agree with the following statements related to the overall design of the EU Health Programme?

The chart shows four categories with the following values:

EU HP is enhancing the capacity of EU networks to support and promote preventive policies.
- Strongly agree: 35%
- Agree: 53%
- Neither agree nor disagree: 11%
- Don't know: 1%

EU HP is promoting policy transfer and shared best practices between the EC and the MS.
- Strongly agree: 29%
- Agree: 53%
- Neither agree nor disagree: 18%

EU HP is promoting a high quality, participatory policy debate at EU / national level on law, policies & objectives.
- Strongly agree: 21%
- Agree: 39%
- Neither agree nor disagree: 33%
- Disagree: 4%
- Don't know: 3%

EU HP is focusing on relevant priority areas that are addressing the main public health issues in Europe.
- Strongly agree: 18%
- Agree: 63%
- Neither agree nor disagree: 18%
- Disagree: 1%

Legend: Strongly agree, Agree, Neither agree nor disagree, Disagree, Don't know

n = 72

3.11 EU Health Programme's selection and management procedures & Improvements to the EU Health Programme's selection and management procedures

- **Heavy administrative burden has been criticised by a number of respondents**
- **Budget inflexibility and feedback on proposals have also been named as areas of improvement**

Overall, survey respondents seem to feel that the programme's selection and management procedures are appropriate and well executed, as shown in graph 22 below, e.g. 80% of respondents agreed / strongly agreed that terms & conditions of the grant agreement / contract with the EC are appropriate and adequate, and 71% agreed that the process of assessment and selection was fair. However, a number of action leaders also suggested that more transparency, especially regarding the reasons for not approving projects, and better feedback would further improve the current processes in this respect:

"Current processes could be improved by giving clear explanations to the non-approved proposals in order to contribute to the improvement of the future proposals, and by making information on non-approved proposals available."

A fairly large proportion of respondents (40%) felt that administrative processes are too bureaucratic, as shown in graph 22 below. This is supported by the numerous suggestions made around lessening the administrative burden to projects with regard to improvements to the selection and management procedures of the programme:

"It could be improved by making it less bureaucratic. The coordination of a Europe-wide project is itself a huge task."

Although 62% of respondents agreed that the application process was fairly straight forward, a large number of critical comments regarding the application form were made:

"It is very complex and time-consuming to fill in a project proposal form. We think it would be more efficient to send a short description of a project idea first. The applicant hasn't to fill a full project proposal before the EU signalised her interest."

Similarly, a number of suggestions asking for a more flexible approach regarding the actions' budgets were made:

"The proposed budget at the beginning of the project needs to be very specific, which is not realistic, since unexpected expenses always take place. This leads to many adjustments in the budget, which is time-consuming and perhaps too bureaucratic."

"Micro-management and inflexibility in budget changes also severely limit implementation."

In relation to the criticism around the intense administrative requirements evoked through the current processes, a substantial number of improvement suggestions focused on the grant negotiation procedures, which were seen as too long:

"The negotiation of a grant takes many months, with extreme micro-management demands. Advice: steer on the overall objectives of the grants, but leave a certain flexibility to grantees to adapt the work if needed."

Although the majority of respondents felt that the reporting requirements were clear and easy to comply with, 15% did not agree with this statement. Suggestions for improvements made in this respect included the request for more support and guidance:

"There should be standard forms and procedures for intermediate and final reporting, it is not clear now what is expected at these points, which leads to difficulties and delays."

Graph 22 - To what extent do you agree with the following statements related to the EU Health Programme's selection and management procedures?

Figure showing horizontal stacked bar chart with the following data:

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Project payments were received on time.	17%	63%	8%			6%
Terms & conditions of grant agreement / contract with EC are appropriate and adequate.	10%	70%	11%	7%		
Level of information & guidance provided during application process was adequate / appropriate.	17%	59%	13%	7%		
The process of assessement and selection was fair.	10%	61%	21%			4%
The negotiation procedure was fair.	20%	46%	21%	4%		6%
The application process was fairly straight forward.	7%	55%	17%	15%		3%
Reporting requirements are clear and easy to comply with.	13%	49%	19%	14%		4%
Selection of HP activities is based sufficiently on scientific evidence.	6%	51%	27%	8%		7%
Feedback received on progress reports has been useful for making any necessary adjustments.	11%	40%	23%	10%		14%
Administrative requirements were appropriate and not too bureaucratic.	3%	24%	31%	31%		9%

- **Leaders of Conferences, Projects and Tenders were the least critical regarding the current selection and management procedures**
- **Leaders of Operating Grants were the most critical of current procedures**
- **Over half of OG – leaders stated that reporting requirements are not clear and easy to comply with**
- **Many respondents from all financing mechanisms, including just under half of all Project – leaders felt that the administrative requirements were not appropriate and too bureaucratic**

When looking at the responses by financing mechanism it is noticeable that half of the DA – leaders (n = 4) and several of the OG – leaders (n = 5) in particular felt that the application process was not straight forward and the administrative requirements too bureaucratic. They also felt, more than any other group, that reporting requirements were not clear and easy to comply with. Project – leaders were generally less critical, apart from their opinion on the programme's administrative requirements that just under half of Project – leaders (n = 42) didn't feel to be appropriate enough. Please refer to table 7 below.

Table 7 - To what extent do you agree with the following statements related to the EU Health Programme's selection and management procedures? (By financing mechanism)

	Agree / strongly agree	Disagree / strongly disagree

	Agree / strongly agree						Disagree / strongly disagree					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
The level of information and guidance provided during the application process was adequate and appropriate. (n = 68)	77%	67%	60%	75%	80%	**100%**	9%	11%	**20%**	0%	**20%**	0%
The application process was fairly straight forward. (n = 68)	63%	67%	20%	25%	80%	**100%**	19%	0%	40%	**50%**	20%	0%
The administrative requirements were appropriate and not too bureaucratic. (n = 67)	24%	33%	0%	0%	40%	**50%**	43%	44%	**60%**	50%	20%	0%
The process of assessment and selection was fair. (n = 67)	81%	56%	20%	67%	40%	**100%**	2%	0%	0%	0%	**20%**	0%
The selection of Health Programme activities is based sufficiently on scientific evidence. (n = 68)	56%	78%	20%	50%	40%	**100%**	7%	11%	**40%**	0%	20%	0%
The negotiation procedure was fair. (n = 67)	65%	67%	20%	67%	80%	**100%**	9%	0%	**20%**	0%	0%	0%
Reporting requirements are clear and easy to comply with. (n = 67)	62%	56%	40%	25%	80%	**100%**	12%	11%	**60%**	25%	20%	0%
The feedback received on progress reports has been useful for making any necessary adjustments. (n = 67)	57%	**67%**	40%	25%	0%	0%	10%	0%	40%	0%	20%	**50%**
Project payments were received on time. (n = 68)	81%	78%	80%	**100%**	60%	**100%**	5%	11%	0%	0%	0%	0%
The terms and conditions of the grant agreement / contract with the European Commission are	81%	78%	60%	**100%**	60%	**100%**	7%	11%	**20%**	0%	**20%**	0%

	Agree / strongly agree						Disagree / strongly disagree					
appropriate and adequate. (n = 67)												

3.12 Type and effectiveness of channels used by Executive Agency for Health and Consumers (EAHC) to monitor and follow up on the implementation and results of activities & Improvements to monitoring and follow-up procedures

- **Email exchanges, reporting and phone conversations reportedly used to high extent and effectively**
- **Visits, video conferences and internet based channels are at the lower end of the spectrum regarding frequency of use and effectiveness**
- **Respondents have suggested to put more emphasis on personal face-to-face meetings**
- **More usage of online tools such as skype has also been recommended**

As shown in graph 23 below, survey respondents cited e-mail exchanges as the channel used most frequently by the EAHC to monitor and follow up on the implementation and results of funded activities, with 92% of action leaders stating that this channel was used to some or to a great extent. Reporting and phone conversations were cited by 72% and 66% of respondents respectively as channels used by the EAHC to a great or at least to some extent. Less than 50% of action leaders felt that any of the other channels have been used considerably. In particular, visits and video-conferences were not seen as channels often used by the EAHC. This is supported by a number of points made in response to the question regarding the improvement to the monitoring and follow-up procedures used by the EAHC: more dedicated time and an increased personal involvement of EAHC officials, e.g. through more face-to-face meetings with action leaders as well as an increased attendance of action events, was mentioned by a substantial number of survey respondents as a way to improve current monitoring and follow-up procedures:

"More video or face to face meetings with the responsible EAHC officer as well as his participation in the conference we had arranged would have been useful for us".

"EAHC officer should attend regularly project meetings and events to get insights of project developments and effectiveness."

In the same vein a number of respondents also criticised the time constraint of EAHC officials. Limited telephonic availability as well as long response times were mentioned as areas for improvement, and there seems to be a general concern amongst action leaders that the lack of resources means that not enough time can be dedicated to individual actions to ensure their fair assessment:

"I think officer are too busy as they follow to many projects. The Agency needs more resources and officers with more quality and regular time to dedicate to each project. Otherwise it becomes difficult to assess the projects implementation or the risk is that the assessment becomes very administrative and too superficial."

Internet-based channels were the channels least used by the EAHC to monitor and follow up on the implementation and results of activities, according to the survey respondents. As shown in graph 23 below, the effectiveness of internet-based channels was also perceived as low, with only a fifth of respondents perceiving internet-based channels to be fairly or very effective. This can be supported by a number of statements made regarding the improvement of the current monitoring and follow-up procedures:

"Maybe procedures can be improved with easier online tools. The focal points at the agency have a very heavy work load, and so there is a limit to what they can do."

"The use of new technologies, mainly Skype, could improve the current procedures."

A point made several times by responding action leaders was the need for clear and uniform instructions for reporting on project progress, to give organisations more guidance on how to meet reporting requirements and reduce the substantial amount of time needed. An overly strong focus of EAHC officials on the financial aspects of the actions was also criticised, and several action leaders voiced concern that the quality and content of the actions is not being considered enough. In addition, a more flexible approach to budgetary amendments throughout the lifetime of the project was also suggested as a timesaving improvement to the current procedures:

"I think that especially the budget rules could be more flexible than they are now, in relation to individual budgets between partners etc. I think that this would make the request for amendments less, which would give more time to the project officers to follow the project and give advice on professional and substantial issues."

Graph 23 – To which extent have these channels been used by the Executive Agency for Health and Consumers (EAHC) to monitor and follow up on the implementation and results of your activity?

Channel	To a great extent	To some extent	To a little extent	Not at all	Don't know
E-mail exchanges	70%	22%	5%		
Reporting	30%	42%	12%	10%	6%
Phone conversations	24%	42%	21%	8%	
Meetings	8%	41%	27%	22%	
Workshops and events	14%	33%	12%	36%	5%
Discussions with external experts & stakeholders	7%	25%	17%	37%	14%
Surveys	8%	10%	17%	51%	14%
Visits		14%	17%	52%	14%
Video-conferences			3%	80%	15%
Internet-based (e.g. Skype, chat rooms etc.)		5%		76%	15%

n = 65
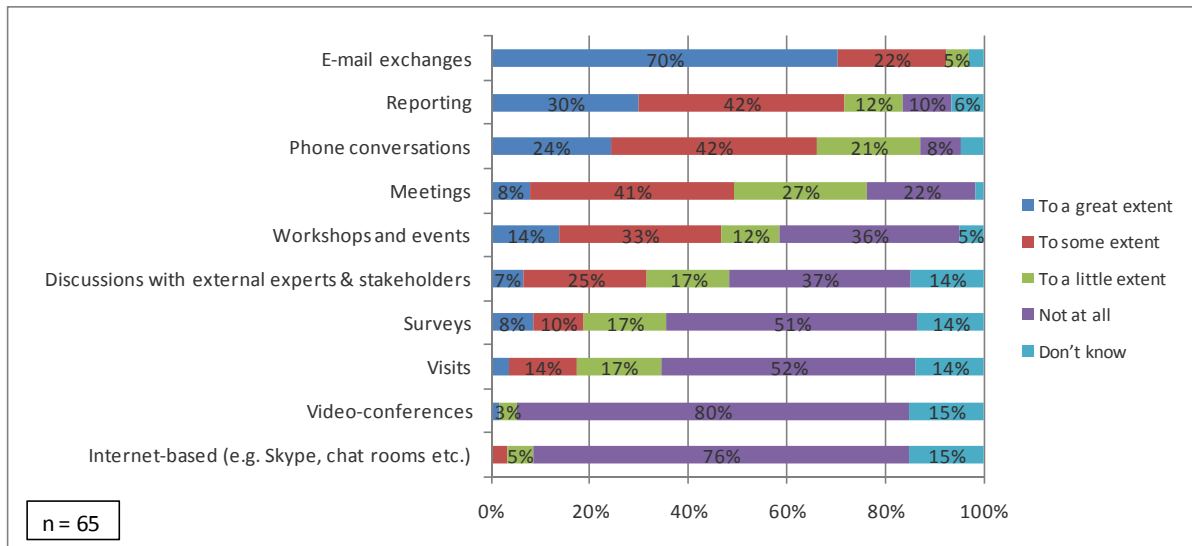
Graph 24 - How would you rate the effectiveness of each channel?

Channel	Very effective	Fairly effective	Not very effective	Not effective at all	Don't know
E-mail exchanges	52%	45%			
Phone conversations	53%	40%			
Reporting	24%	55%	7%		13%
Meetings	53%	25%			18%
Discussions with external experts & stakeholders	26%	36%	7%		31%
Workshops and events	37%	24%	6%		29%
Visits	30%	9%	11%		48%
Surveys	7%	23%	11%	9%	50%
Internet-based (e.g. Skype, chat rooms etc.)	5%	15%	10%		70%
Video-conferences	5%	8%			76%

n = 65
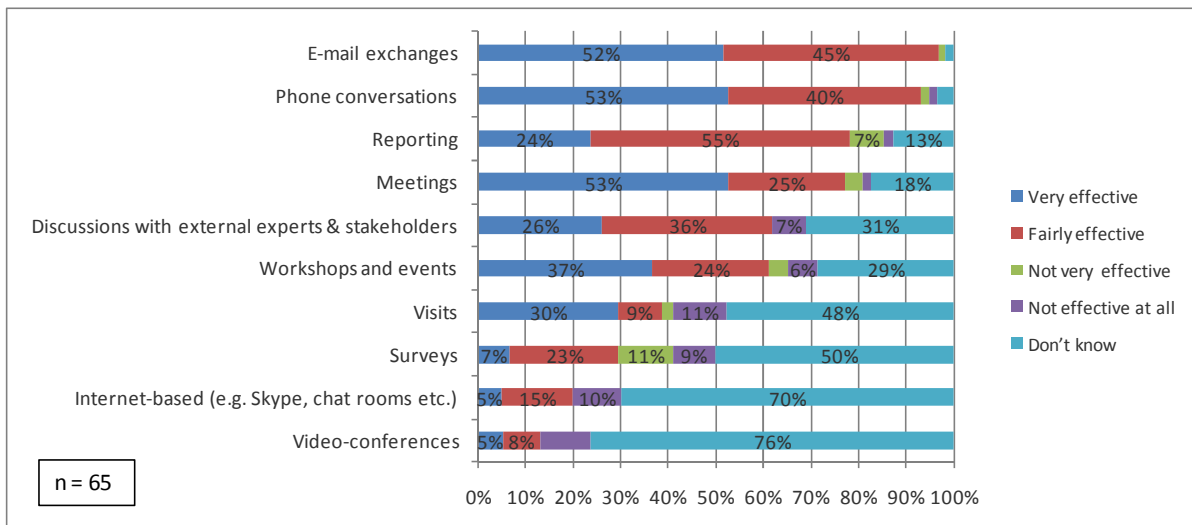
- **Moderate differences in the perception of leaders from different financing mechanisms regarding usage & effectiveness of channels used by EAHC**
- **Leaders of Tenders and OGs were the most critical respondents regarding the frequency of use of channels**
- **Leaders of DAs were substantially more critical towards the effectiveness of the channels used**

40

- **JA – leaders responded particularly positive to the question regarding the effectiveness of the channels used**
- **Across all financing mechanisms, action leaders felt that meetings, phone conversations and email exchanges have been used effectively**

When looking at the responses to this question by financing mechanism, the following emerges: according to the action leaders there are a moderate differences across the different financing mechanisms regarding both the extent to which some of the channels listed have been used by the EAHC, and their effectiveness. Over half of the Project – leaders (n = 37) state that meetings have been used by the EAHC to some / to a great extent, while only a quarter of OG leaders (n = 4) and a third of DA – leaders (n = 3) feel that this is the case. In terms of the effectiveness of this channel, more than half of all action leaders across all mechanisms apart from the leaders of OGs feel that this channel has been used fairly / very effectively. Similarly, most of the DA – leaders (n = 3) stated that workshops and events have been used as a channel to some / to a great extent, while less than half of the action leaders in each of the other groups felt that this was the case. In terms of effectiveness, all of the JA – leaders (n = 2) felt that internet-based channels (e.g. Skype) have been used effectively, while only low proportions of action leaders from each of the other groups believed this to be the case.

Across all financing mechanisms, action leaders felt that meetings, phone conversations and email exchanges have been used effectively. Email exchanges were perceived to be one of the most frequently used channels by action leaders across all financing mechanisms.

In light of these differences if can be said that actions under the various financial mechanisms report different levels of usage and effectiveness regarding the channels used by the EAHC to monitor and follow up on the results and implementation of activities, and would most likely benefit from a tailored approach in this respect, taking into account the survey findings presented. Please refer to tables 8 & 9 below.

Table 8 – To which extent have these channels been used by the Executive Agency for Health and Consumers (EAHC) to monitor and follow up on the implementation and results of your activity? (By financing mechanism)

	To some extent / to a great extent						To a little extent / not at all					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
Meetings - Extent to which this channel is/was used by the EAHC (n = 59)	**57%**	44%	25%	33%	50%	50%	43%	56%	**75%**	67%	25%	50%
Visits - Extent to which this channel is/was used by the EAHC (n = 54)	21%	22%	**25%**	0%	0%	0%	71%	67%	75%	**100%**	67%	**100%**
Phone conversations - Extent to which this channel is/was used by the EAHC (n = 58)	71%	44%	75%	**100%**	80%	50%	26%	44%	25%	0%	0%	**50%**
E-mail exchanges - Extent to which this channel is/was used by the EAHC (n = 60)	97%	67%	**100%**	**100%**	80%	**100%**	3%	**22%**	0%	0%	0%	0%
Reporting - Extent to which this channel is/was used by the EAHC (n = 56)	74%	67%	75%	**100%**	60%	0%	21%	22%	25%	0%	20%	**100%**
Internet-based (e.g. Skype, chat rooms, etc.) - Extent to which this channel is/was used by the EAHC (n = 55)	**6%**	0%	0%	0%	0%	0%	82%	89%	**100%**	**100%**	67%	**100%**
Video-conferences - Extent to which this channel is/was used by the EAHC (n = 55)	0%	0%	0%	**33%**	0%	0%	91%	78%	**100%**	67%	67%	**100%**
Discussions with external experts and stakeholders - Extent to which this channel is/was used by the	**34%**	22%	25%	0%	33%	0%	54%	67%	50%	67%	33%	**100%**

EAHC (n = 56)												
Surveys - Extent to which this channel is/was used by the EAHC (n = 55)	15%	22%	0%	0%	**33%**	0%	71%	67%	**100%**	67%	33%	**100%**
Workshops and events - Extent to which this channel is/was used by the EAHC (n = 54)	45%	44%	25%	**67%**	33%	0%	52%	33%	75%	33%	67%	**100%**

Table 9 - How would you rate the effectiveness of each channel? (By financing mechanism)

	Fairly effective / very effective						Not very effective / not effective at all					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
Meetings - Effectiveness of the channel (n = 53)	81%	83%	50%	**100%**	**100%**	**100%**	**8%**	0%	0%	0%	0%	0%
Visits - Effectiveness of the channel (n = 41)	46%	40%	33%	0%	**50%**	0%	11%	20%	0%	**100%**	0%	0%
Phone conversations - Effectiveness of the channel (n = 53)	94%	71%	**100%**	**100%**	**100%**	**100%**	**6%**	0%	0%	0%	0%	0%
E-mail exchanges - Effectiveness of the channel (n = 58)	97%	75%	**100%**	**100%**	**100%**	**100%**	0%	**13%**	0%	0%	0%	0%
Reporting - Effectiveness of the channel (n = 51)	78%	63%	**100%**	**100%**	75%	0%	6%	13%	0%	0%	25%	**100%**
Internet-based (e.g. Skype, chat rooms, etc.) - Effectiveness of the channel (n = 36)	21%	20%	0%	33%	**100%**	0%	8%	0%	0%	**67%**	0%	0%

Video-conferences - Effectiveness of the channel (n = 35)	13%	0%	0%	**67%**	0%	0%	13%	0%	0%	**33%**	0%	0%
Discussions with external experts and stakeholders - Effectiveness of the channel (n = 39)	58%	80%	33%	67%	**100%**	0%	**12%**	0%	0%	0%	0%	0%
Surveys - Effectiveness of the channel (n = 41)	31%	14%	0%	0%	**100%**	0%	19%	**43%**	0%	33%	0%	0%
Workshops and events - Effectiveness of the channel (n = 45)	57%	71%	50%	50%	**100%**	0%	13%	0%	0%	**50%**	0%	0%

3.13 Interaction with other actors during implementation of activities, and level of satisfaction

- **Respondents report high level of satisfaction regarding interaction with EAHC / DG SANCO officials**
- **Extent of interaction with DG SANCO officials perceived to be high by 50% of respondents, but 74% report a high degree of satisfaction regarding interaction with this actor**
- **Satisfaction of interaction with authorities / decision makers at EU level is lowest**

Generally it can be said that the majority of survey respondents held a positive attitude towards the EAHC's monitoring and follow-up procedures. As shown in graph 25 below, a large proportion of respondents felt that the extent of interaction with EAHC officials was high (87%). More importantly, 95% of action leaders responding to this survey stated to be fairly or very satisfied with their interaction with the EAHC. This can be supported by a number of statements made regarding the improvement of monitoring and follow-up procedures, such as:

"I am quite happy with the monitoring and follow-up, and in particular with the easy communication with the EAHC officials."
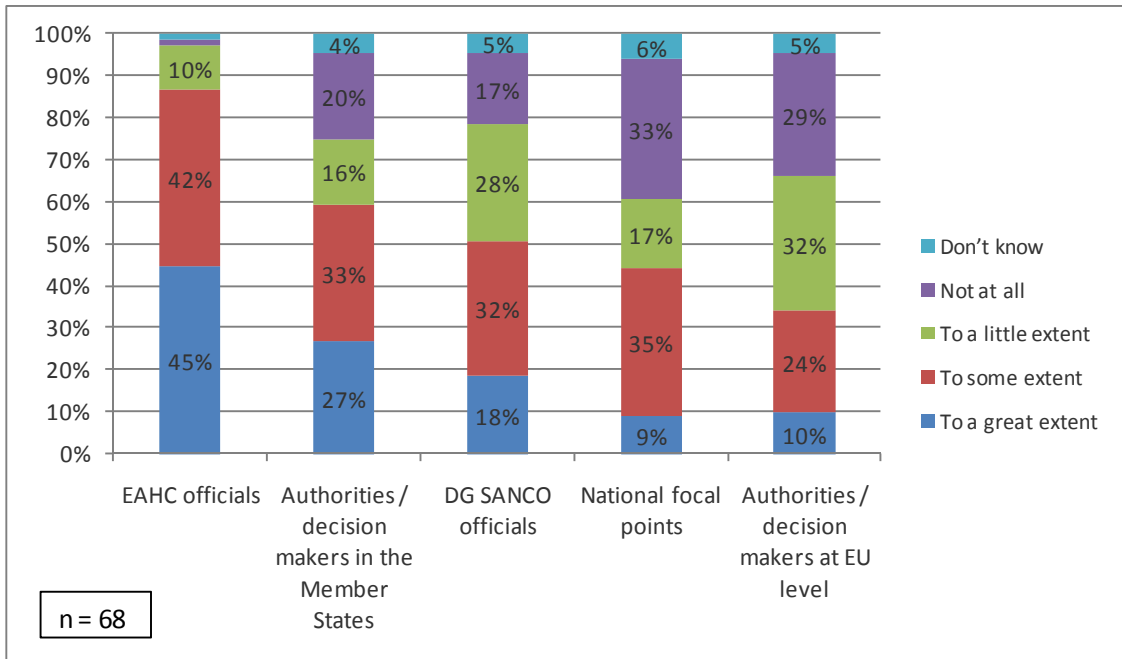
Is the best follow up and monitoring we ever had in the public health programme!!! We feel very well guided and supported

"The selection process is well supported by the use of external evaluators. Regarding management, our experience with EAHC has been to have an excellent project manager with whom we have developed a productive and mutually beneficial working relationship. If we run a future project, then we have a gold standard against which to assess management of the EU Health Programme."
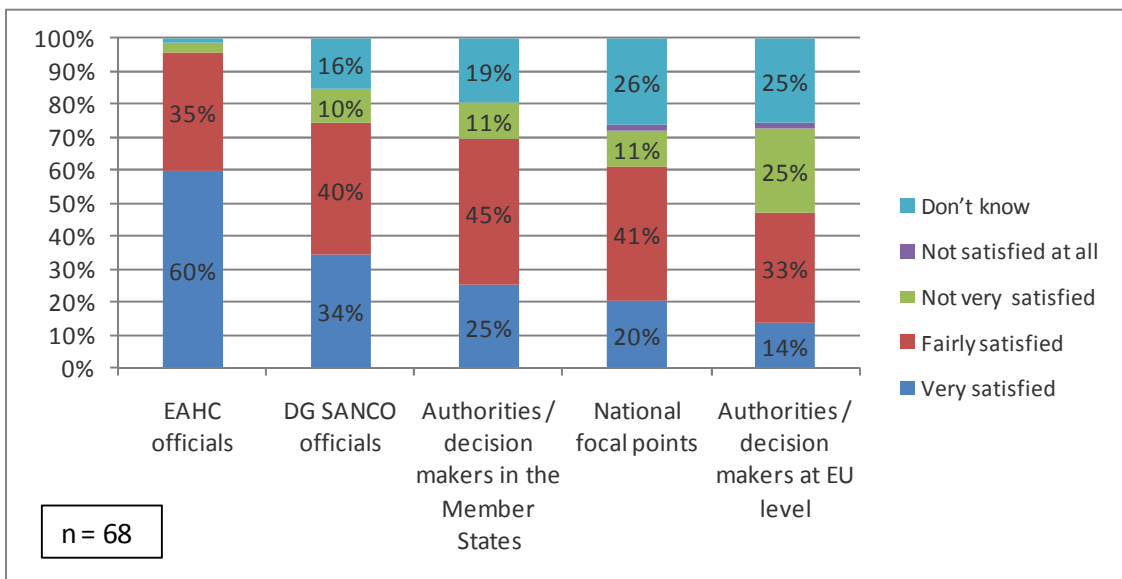
Interaction with authorities / decision makers in the Member States was stated to be taking place to some / a great extent by over half of the respondents (60%), and satisfaction regarding the interaction with this group was high as well (70%). Further to this, 50% of action leaders stated a high or at least some level of interaction with DG SANCO officials, and 74% claimed to have been fairly or very satisfied by the interaction with this group. The level of interaction with national focal points and authorities / decision makers at EU level was lower (44% and 34% respectively), as was the level of satisfaction regarding the interaction with these groups: while 61% of action leaders were satisfied with interacting with national focal points, only 47% stated this to be the case regarding authorities / decision makers at EU level. In addition, 25% of action leaders explicitly stated not to be very satisfied with their interaction with this last group.

While the above figures suggests that there is room for improvement regarding the interaction between action leaders and some of the actors relevant to the programme, it should be noted that action leaders are mainly satisfied with the interactions with EAHC officials and DG SANCO officials, as the two most important stakeholders in the programme. Please refer to graphs 25 and 26 below.

Graph 25 - To what extent has your organisation interacted with the following actors during the implementation of the activity?

Graph 25 chart:
- EAHC officials: To a great extent 45%, To some extent 42%, To a little extent 10%
- Authorities / decision makers in the Member States: To a great extent 27%, To some extent 33%, To a little extent 16%, Not at all 20%, Don't know 4%
- DG SANCO officials: To a great extent 18%, To some extent 32%, To a little extent 28%, Not at all 17%, Don't know 5%
- National focal points: To a great extent 9%, To some extent 35%, To a little extent 17%, Not at all 33%, Don't know 6%
- Authorities / decision makers at EU level: To a great extent 10%, To some extent 24%, To a little extent 32%, Not at all 29%, Don't know 5%

Legend: Don't know, Not at all, To a little extent, To some extent, To a great extent

n = 68

Graph 26 - ...and how satisfied were you with these interactions?

- EAHC officials: Very satisfied 60%, Fairly satisfied 35%
- DG SANCO officials: Very satisfied 34%, Fairly satisfied 40%, Not very satisfied 10%, Don't know 16%
- Authorities / decision makers in the Member States: Very satisfied 25%, Fairly satisfied 45%, Not very satisfied 11%, Don't know 19%
- National focal points: Very satisfied 20%, Fairly satisfied 41%, Not very satisfied 11%, Don't know 26%
- Authorities / decision makers at EU level: Very satisfied 14%, Fairly satisfied 33%, Not very satisfied 25%, Don't know 25%

Legend: Don't know, Not satisfied at all, Not very satisfied, Fairly satisfied, Very satisfied

n = 68

- **Leaders of OGs generally reported a higher degree of interaction with all listed actors than leaders in all other groups**
- **Leaders of DAs reported the lowest level of interaction**
- **DA and Project – leaders generally stated low levels of satisfaction regarding the interaction with all listed actors**

When looking at the responses by financing mechanism, a number of discrepancies can be

found across the different financing mechanisms: a higher proportion of Project – leaders (n = 38) and DA – leaders (n = 3) perceive the level of interaction with DG SANCO officials to be substantially lower than action leaders across the other groups. In line with this, their stated level of satisfaction regarding the interaction with DG SANCO officials is also lower. A fair proportion (n = 9) of Conference – leaders have stated that the level of interaction with EAHC officials took place only to a little extent / not at all, while leaders from all other groups felt that the level of interaction with this actor was high. Nevertheless all of the Conference – leaders stated to be fairly satisfied / very satisfied with the interaction with EAHC officials. Please refer to tables 10 & 11 below.

Table 10 – Level of interaction with other actors during implementation of activities (By financing mechanism)

	To some extent / to a great extent						To a little extent / not at all					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
EAHC officials - Level of interaction (n = 63)	95%	67%	**100%**	**100%**	80%	**100%**	5%	**33%**	0%	0%	0%	0%
DG SANCO officials - Level of interaction (n = 61)	37%	56%	80%	33%	75%	**100%**	55%	44%	20%	**67%**	25%	0%
National focal points - Level of interaction (n = 62)	36%	33%	60%	**67%**	50%	50%	56%	**67%**	20%	33%	50%	50%
Authorities / decision makers in the Member States - Level of interaction (n = 60)	58%	67%	75%	**100%**	50%	50%	34%	22%	0%	33%	**75%**	50%
Authorities / decision makers at EU level - Level of interaction (n = 58)	35%	50%	**75%**	0%	25%	0%	57%	50%	25%	**100%**	75%	**100%**

Table 11 – Level of satisfaction with other actors during implementation of activities (By financing mechanism)

	Fairly satisfied / very satisfied						Not very satisfied / not satisfied at all					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
EAHC officials - Level of satisfaction (n = 61)	97%	**100%**	80%	**100%**	80%	**100%**	3%	0%	**20%**	0%	0%	0%
DG SANCO officials - Level of satisfaction (n = 54)	66%	75%	**100%**	67%	**100%**	50%	13%	0%	0%	33%	0%	**50%**
National focal points - Level of satisfaction (n = 50)	50%	50%	80%	**100%**	**100%**	**100%**	**21%**	0%	0%	0%	0%	0%
Authorities / decision makers in the Member States - Level of satisfaction (n = 52)	69%	75%	75%	**100%**	**100%**	50%	**9%**	0%	0%	0%	0%	0%
Authorities / decision makers at EU level - Level of satisfaction (n = 47)	45%	63%	**75%**	50%	0%	0%	26%	25%	0%	**50%**	0%	0%

3.14 **Dissemination of results of activities through peer-reviewed articles**

- **Relatively low number of peer-reviewed articles published at present due to projects not having produced final results yet**
- **18 respondents stated that peer-reviewed articles have been published**

A large proportion of respondents (58%, n = 62) stated that no peer-reviewed articles on the results of their action had been published so far or were in press at the time of their completing the survey. The main reason cited for this was that actions were often still in their start-up phase and had not been running long enough to have produced any meaningful results yet. However, 18% of action leaders stated that up to three peer-reviewed articles on their actions' results had been published / were in press to date, and 11% of action leaders stated that more than three articles had been published / were in press at the time of completing the survey. Four respondents, most of them representing actions financed under the Conferences mechanism, stated that they did not envisage for any peer-reviewed articles

to be published for their actions.

3.15 Dissemination of results of activities through general articles

- **Relatively low number of general articles published at present due to projects not having produced final results yet**
- **16 respondents stated that general articles have been published**

Similar to section 1.2.18 on peer-reviewed articles published / in press above, the majority of respondents (61%, n = 61) stated that no general articles on the results of their actions had been published / were in press yet. Again, the main reason cited was the fact that actions had not been running long enough to produce results worth publishing. 11% of action leaders stated that up to three general articles had been published / were in press so far, and 15% stated that more than three general articles on the results of their actions had been published / were currently in press. As before, four respondents (mainly leading Conference-type actions) stated that they did not envisage for any peer-reviewed articles to be published for their actions.

3.16 Dissemination of results of activities through presentation at conferences

- **High number of presentations on action results have been held so far**

Responses to the question on the number of presentations held on the results of actions at conferences depicted a slightly different picture: while only 21% of action leaders (n = 61) stated that no presentations regarding their actions' results had been held yet, 70% of respondents answered that at least one presentation illustrating their actions' results had been given at a conference so far. In 44% of cases, the number of presentations held was higher than three, and in 26% of cases it was stated that presentations had already been given on ten or more occasions. These figures show that while in many instances actions had not produced results to the extent that they were considered meaningful and concluding enough to be published, actions were nevertheless active in presenting on project progress and interim findings even during the earlier stages of their implementation.

3.17 Extent of dissemination and public availability of results of activities & Improvements to the dissemination of results of activities

- **Action leaders claim a high degree of dissemination / availability of results through**

their own initiative

- **Suggestions regarding improvements to dissemination include comments on stronger EC support / involvement in this respect**

As shown in graph 27 below, over half of the respondents felt that the results of activities were both disseminated and public available to a great extent and in both cases, less than 20% stated that this was not the case at all or only to a little extent.

Graph 27 – Extent of dissemination of results
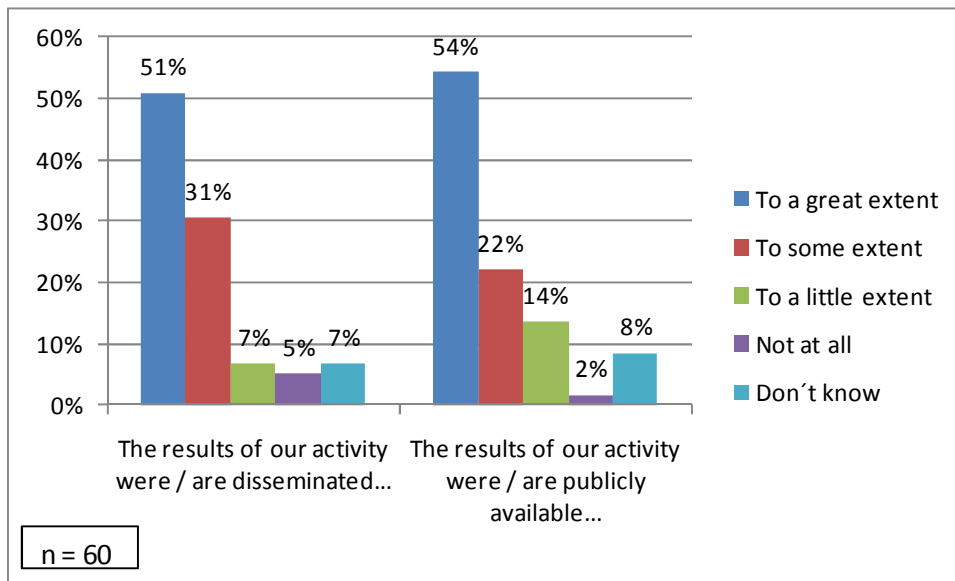
Comments provided on this question included a wealth of information regarding ways in which action leaders have disseminated the results of their activities and promoted their public availability. The majority of respondents cited their organisation's or action's website as a main tool for dissemination. Partner and relevant network websites were also cited. Electronic mailings (e.g. newsletters) and brochures / leaflets in electronic or hard-copy format were named by various respondents, as were academic articles. Conferences dedicated to disseminating the results of actions to an audience of multipliers were also named several times. Individual respondents stated to be disseminating results via dedicated international databases.

Suggestions for improving the dissemination of results of activities also included a variety of points. The need for increased financial support to projects for dissemination (e.g. for the attendance of conferences) was named several times, as was the need for an increased dissemination of results through publications facilitated by EC (rather than the organisation

leading on the actions themselves), ideally in a broad range of languages and specifically targeting relevant stakeholders. Alongside the recommendation for the EC to make greater use of media for the dissemination of results, it was also specifically suggested to utilise the Health Programme's website in a better way to disseminate project results:

"The Website of the EU Health Programme should be improved and become a one-stop shop for all project information including results."

It was also suggested to hold workshops, conferences and events dedicated to sharing the results of actions funded under the Health programme, and to establish better links with relevant EU bodies and European as well as international organisations and channel information on project results through them.

An interesting point was made regarding the correlation between dissemination of results and sustained project funding and the continuous support of activities that are based on previous projects funded through the Health Programme: long-term project funding was seen to enable actions to disseminate their results more successfully, using long-term dissemination strategies (e.g. through building databases of interested individuals and institutions, setting up annual events etc) and leaving a stronger legacy than short-term funded projects with less resources for disseminating results. It was also mentioned that the funding of activities that build on the results of previous, similar activities would have the same effect.

In the same vein, a number of survey respondents stated that dissemination could be improved through activities of the EAHC to facilitate collaboration between projects in related thematic areas:

"EAHC should significant contribute to the information sharing and exchange of projects in the same area by scheduling meetings and through the EAHC website. Projects still operate to fragmented."

A stronger focus on dissemination at the local and regional level was also mentioned.

When looking at the responses by financing mechanisms as shown in graph 28 below, action leaders across all groups mainly claimed that the results of their activity were disseminated and publicly available to some or to a great extent, apart from the small group of Tender – leaders who either felt that dissemination / availability took place to a little extent or not at all, or were not sure of the extent of dissemination / availability to date. Generally it can be said

that action leaders seem to believe that there has been a good amount of activity regarding the dissemination / availability of the results of their actions on their part, which is supported by the variety of distribution channels described above as well as the fairly substantial number of presentations already held on the results of the actions (see section 1.2.16 Dissemination of results of activities through presentation at conferences).

Graph 28 - The results of our activity were / are disseminated... (n = 57)
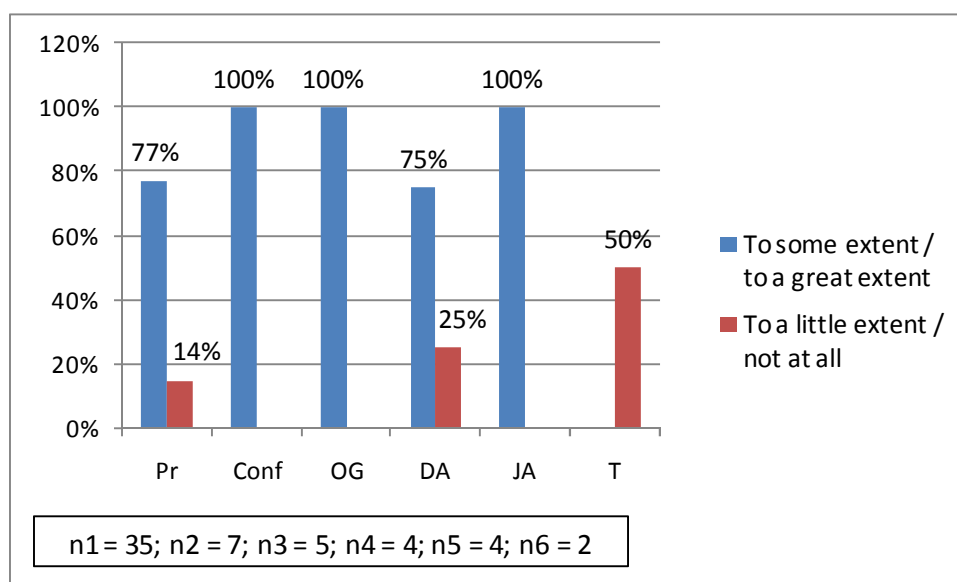
Graph 29 - The results of our activity were / are publicly available... (n = 58)
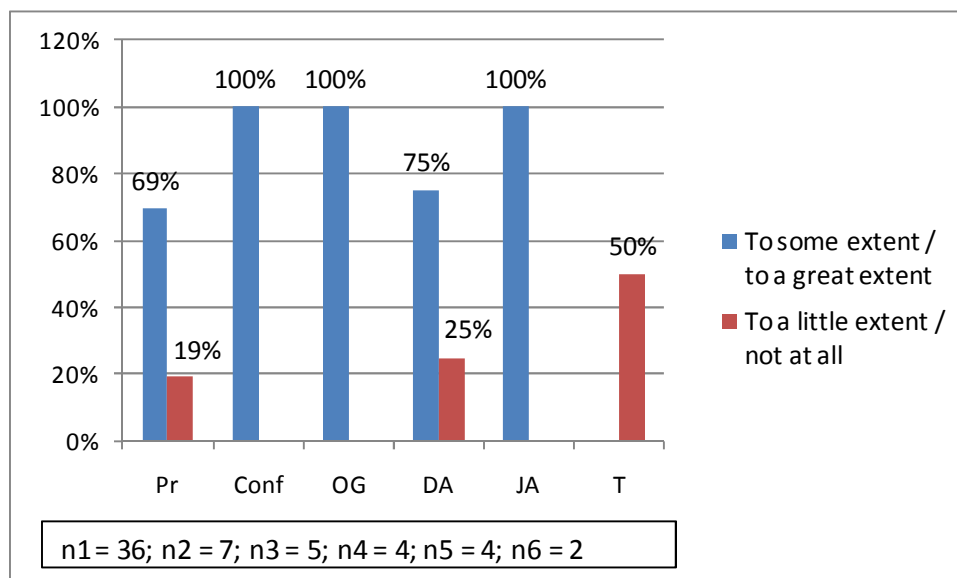
3.18 **Tools for the dissemination/publication of results**

- **Project / partners' websites and conferences / events frequently used for**

dissemination

- **Less dissemination through printed materials such as books and articles**

Of the action leaders who responded to this question, 94% stated that the dissemination of their actions' results took place through their project and partners' website(s) to a great / some extent. In line with the information given in section 1.2.16 (Dissemination of results of activities through presentation at conferences), 85% of action leaders claimed that the results of their activity have been disseminated through presentations at conferences, seminars or workshops to a great / some extent. Distribution through opinion pieces in newspapers, TV and radio only took place to a small extent, as did dissemination via peer reviewed journal articles, books and handbooks, press conferences and training manuals. Please refer to table 12 below.

In light of these figures, there seems to room for support regarding the dissemination tools currently under-used, although a preference for support regarding further events for the dissemination of project results has been mentioned at various points throughout the online survey (e.g. section 1.2.17 Extent of dissemination and public availability of results of activities).

Table 12 - To what extent has your activity used each of the following tools for the dissemination/publication of results?

| Answer Options	To a great extent	To some extent	To a little extent	Not at all	Don't know
Project and partners' website/s	**62%**	32%	2%	2%	2%
Other health-related websites	12%	**46%**	25%	9%	8%
Peer reviewed journal articles	14%	21%	16%	**39%**	10%
Books and handbooks	16%	16%	19%	**37%**	12%
Newspaper articles (print and/or online)	16%	**28%**	**28%**	21%	7%
Opinion pieces on newspapers, TV and radio	2%	22%	29%	**36%**	11%
Press conferences	4%	**33%**	19%	**33%**	11%
Annual reports	**33%**	26%	17%	19%	5%
Presentations at conferences, seminars or workshops	**58%**	27%	5%	3%	7%
Training manuals	23%	30%	9%	**32%**	6%

3.19 Reach of target groups

- **Information on actions channelled efficiently to professionals directly involved in public health, but not to ultimate beneficiaries**
- **Less than 50% reported effective reach to health service users, general public and the media**

Health academics and researchers, as well as health policy-makers at local, national and EU level and health-practitioners were cited as the target groups most effectively reached with the information disseminated. On the other hand, less than 50% of action leaders felt that health service users, the general public and the media were reached effectively. This suggests information on the health programme is currently channelled efficiently to professionals directly involved in public health, but not to those ultimately benefitting from the actions funded, i.e. health service users / the general public. Please refer to graph 30 below.

Graph 30 - How effective has your activity been in reaching each of the following target groups with the information disseminated?

n = 60
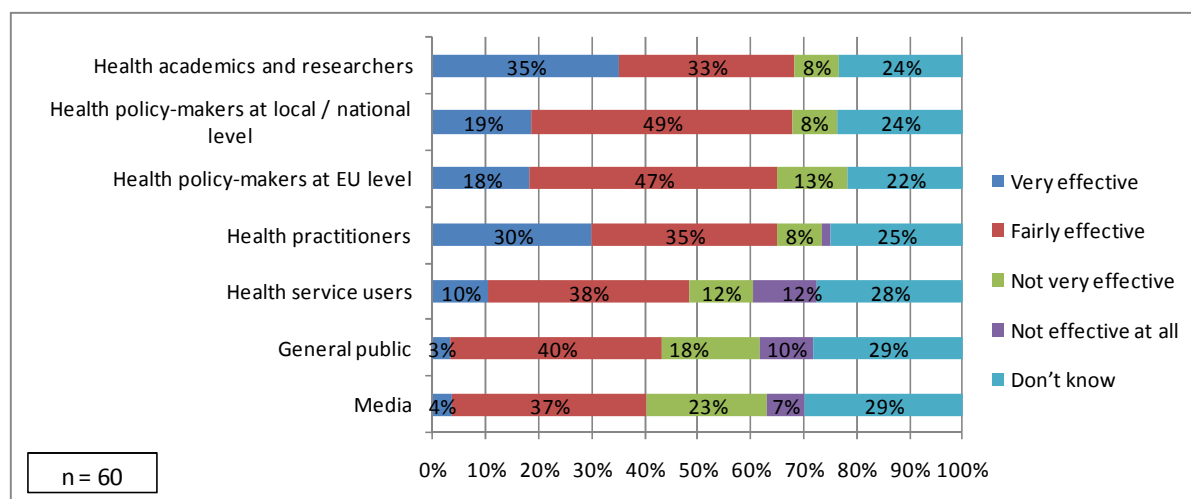
- **DA – leaders claim the highest level of effectiveness regarding the dissemination of information to target groups in general**
- **Leaders of conferences report lower levels of effectiveness than action leaders in other groups**
- **Overall, dissemination to health policy-makers at local / national / EU level was**

more effective than to other stakeholder groups

- **The media was the stakeholder least reached by dissemination of information overall**

When looking at the responses by financing mechanism (table 13 below), the following picture emerges: actions under the various financing mechanisms report fairly similar levels of success in reaching the different target groups, with a few exceptions. A comparatively large share (n = 5) of OG – leaders state that the results of their activity have not been effectively channelled to health academics and researchers. A quarter of both Conference – leaders (n = 8) and JA – leaders (n = 4) claim that information on their activity has not been effectively disseminated to health practitioners, and projects seem to be the group least successful in reaching health policy-makers at local / national level. This suggests that activities under the various financing mechanisms face different barriers regarding the reach of target groups and might benefit from tailored support in this respect in order to improve the dissemination of results of the actions funded overall.

Table 13 - How effective has your activity been in reaching each of the following target groups with the information disseminated? (By financing mechanism)

	Fairly effective / very effective						Not very effective / not effective at all					
	Pr	Conf	OG	DA	JA	T	Pr	Conf	OG	DA	JA	T
Health academics and researchers (n = 58)	69%	**75%**	40%	**75%**	**75%**	0%	8%	0%	**40%**	0%	0%	0%
Health practitioners (n = 58)	69%	63%	60%	**75%**	25%	0%	8%	**25%**	0%	0%	**25%**	0%
Health policy-makers at local / national level (n = 57)	61%	75%	75%	75%	**100%**	0%	8%	13%	**25%**	0%	0%	0%
Health policy-makers at EU level (n = 58)	64%	**88%**	80%	75%	75%	0%	8%	0%	20%	0%	**25%**	0%
Health service users (n = 56)	46%	50%	60%	**67%**	25%	0%	26%	**38%**	20%	0%	25%	0%
General public (n = 59)	38%	50%	60%	**100%**	50%	0%	32%	**50%**	20%	0%	0%	0%
Media (n = 56)	38%	38%	60%	67%	**75%**	0%	26%	**50%**	20%	0%	0%	0%